PHYSICIANS should state KECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. TION is very important.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH
--

1. PLACE OF DEATH	34
County Montgomery.	Registration Dist. No. 223
Village or City Takama Park	No. Wash San & Hospital or institution, give its NAME instead of street and number)
	/Q ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mr. William R. Bache	
(a) Residence: No. 2753 Woodley Place (Usual place)	St., Ward. Was hington De. If nonesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH Worth. 4 (Month) (Day) (Year)
5a. If married, widowed or divorced	
HUSBAND OF Pearl U. Backe	1 HEREBY CERTIFY, That I attended deceased from 19.32, to March 4 19.3.3
6. DATE OF BIRTH (month, day, and year) Feb H 1882	i rast saw h in alive on March & 1933; death is said
7. AGE Yoars Months Days If LESS than	to have occurred on the date stated above, at 2.05 pm.
50 1 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER. Sales wan SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 2. Lare	approplexy 94623-49,
9. Industry or business in which whole sale Ciqqar work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at Sega, 11. Total time (years) spant in this occupation (month and	
year) 1927 occupation 15 4n	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Washington D.C.	Sy Minds
(State or country)	High Blood pressure
13. NAME CAL fred T Backe 14. BIRTHPLACE (city or town) London	Myscardia.
14. BIRTHPLACE (city or town) bonding (State or country)	Name of operation
	What test confirmed diagnosis? Sy wystons Was there an au opsy? Was
15. MAIOEN NAME Chice F. Nowhan 16. BIRTHPLACE (city or town) Washington DC.	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Washing ton DC. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Savidarium Becords	(Specify city or town, county and State) Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Takima M.d.	Specify whether injury occurred in involution, in nome, or in Public Place.
18. BURIAD, CREMATION, OR REMOVAL	Manner of injury
Place 12 Date 222	Nature of injury
19. UNDERTAKER W. M. C. Camples	24. Was disease or injury in any way related to occupation of deceased? ho
(Address) # 00 Chapa 2x 8 N	If so, specify
20. FILEO Man 4 , 132 It East Jogen	(Signed) Edua Matterson - 1 Swegeson M. D.
Registrar.	(Address) Italia Rlun t Italy

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage 5 1	July 5,1927	Peritonitis	3 days ago
BURYAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	ing rew
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If the occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) mare (Month) (Year) 5a. If married, widowad, or divorced I HEREBY CERTIFY. That I ettanded decaased from Z to march 6. DATE OF BIRTH (month, day, and year) Months Days If LESS than to have occurred on the date stated above, at 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were es follows Date of onset 8. Treda, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.___ 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (yeers) this occupetion (month and spant in this occupation Other Contributory Gauses of importance: 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (Steta or country) What test confirmed diegnosis? 23. If death wes dua to external causes (VIDL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, DR REMOVAL 24. Was disaase or injury in any wex_related to occupetion of deceesed? If so, specify Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURDAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
13.0 北海の	*		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	/		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	OF MARY	LAND-	CERTIFICATE OF DEATH	62964
1. PLACE OF DEATH			540	
County Montgom			Registration Dist. No.	2/3
Village or City Rockeri	Da, Ton	rd.	No.	St.,Ward
Length of residence in city or town where	death occurred		f death occurred in a horpital or institution, give its NAME instead o	
	eth Be			
(a) Residence: No. Perchan	(Usualplace of		St., Ward. If nonresident give city of	or town and State
PERSONAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF D	EATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH March 7	, 193,2
Sa. If married, widowed or divorced	- THOSE RE		(Wonth) (Day) (Taar)
(or) WIFE of John Usin.	Benoo	~	22. I HEREBY CERTIFY. That Tel. 29, 1932, to Ma	-
6. DATE OF BIRTH (month, day, and year)	17.	1862	I last saw h dr alive on march le	, 19.32; death Is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, atm.	
69 10	20	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of impo	rtance Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ttouser	irela	Broncho preumonic	7.ch.29
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				
O 10. Date deceased last worked at this occupation (month and year)	11. Total tim spent occup	in this		
12. BIRTHPLACE (city or town) (State or country)	nia		Other Contributory Causes of Importance: Papallomatory ovarion	cyst
II 13. NAME SORON JE	elttes			
13. NAME JOHN JF. (State or country)	l noit o		Name of operation	
I 15. MAIDEN NAME Qui			What test confirmed diagnosis?	
15. MAIDEN NAME CLISSO 16. BIRTHPLACE (city or town) (State or country)	mia		23. If death was due to external causes (VIOL ENCE) fill in also to Accident, suicide, or homicide? Date of inj Where did injury occur?	jury, 19
17. INFORMANT Raleigh S (Address) Rockies	Chima		(Specify city or town, cou Specify whether Injury occurred In INDUSTRY, in HOME, or in	nty and Stale) PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL		J.D.	Manner of Injury	
Place Union Cemeter	Date Thance	0 97,32	Nature of injury	
19. UNDERTAKER LIDOCHOR (Address) Rockoril	e ma	house	24. Was disease or injury in any way related to occupation of de	ceasad?
20, FILED 3 - 8, 1932 M	us. H.T.	Prall-	(Signad) A Harley (Address) Porboille	

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLANI

1 PLACE OF DEATH

BINDING

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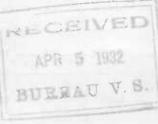
[Approved by U. S Census and American Public Health Association.]

and therefore an additional line is provided for the on the first line will be sufficient, e. g., Farmer or The question applies to every person, irrespectve of occupation is very important so that the relative fact may be indicated thus: Farmer (retired 6 yrs.) at beginning of illness. count of the DISEASE CAUSING DEATH, State occupation the occupation has been changed or given up on acvice for wages, as Servant. Cook, Housemaid. etc. the occupations of persons engaged in domestic serchildren, not gainfully employed, as At school or At entered as Housewife, Housework, or At Home, and Housekeepers who receive a definite salary), may be engaged in the duties of the household only (not paid precise specification as Day laborer, Farm laborer, "Foreman," "Manager," "Dealer," etc., without more of the second statement. bile factory. Salcsman, (b) Grocery; (a) Foreman, (b) Automo-As examples: (a) Spinner, (b) Cotton Mill; (a) latter statement; it should be used only when needed. and also (b) the nature of the business or industry, ments, it is necessary to know (a) the kind of work But in many cases, especially in industrial employengineer, Civil engineer, Stationary freman, etc. Planter, Physician, Compositor, Architect, Locomotive healthfulness For persons who have no occupation whatever, write Laborer Statement of occupation-Precise statement For many occupations a single Care should be taken to report specifically -Coal mine, etc. The material worked on may form part of various pursuits can be known If retired from business, that Women at home, who are Never return "Laborer," word or term

Statement of cause of death—Name, first, the pisase causing death—Name, first, the pisase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup";) Typhoid fever (never report "Typhod pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc., Car-

such, if impossible to determine definitely. Examples: affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) g., sepis, tetanus) my be stated under the head of injury, as fracture of the skull, and consequences (e. by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia." "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping Cough; Chronic cinoma, Sarcoma, etc., of cause of death approved by Committee on Nomencla-"Contributory." The contributory (secondary or intercurrent) Always quality all diseases resulting from (Recommendations on statement of "Dropsy,"(name origin; "Can-The nature of the State cause for "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	1. PI C V L 2. FE (i)
IANENT A A C T L Y. assified. E	5e. If ma HUS (or)
S A PERM tated E X. roperly cla	6. DATE 7. AGE
ITH UNFADING INK—THIS IS A PERMANENT- illy supplied. AGE should be stated EXACTLY. plain terms, so that it may be properly classified. It	OCCUPATION 10. I
l UNFADIN supplied. A n terms, so t	12. BIRTI
NLY, WITH oe carefully ATH in plai nportant. S	13. N 14. B 23 15. M 16. B
—WRITE PLAINLY, WITH UNFAD mation should be carefully supplied. CAUSE OF DEATH in plain terms, s TION is very important. See instruc	17. INFDR (A 18. BURIA PI:
N. B.	19. UNDER (A

County Monly	rmery			Registration D	ist. No. 2	11
Village or City Mr Down	naber	is (St.	War
Length of residence in city or town where	death occurred	yrs,mos	s. 2.3. ds. How long in U.S.	if of foreign birth?	yrs	.mosd
2. FULL NAME Iden M	e Kendr	el Don	man			
(a) Residence: No. 2. 2001	raseus	md.	St., Ward.			
	(Usual place o				ve city or town an	nd State
PERSONAL AND STATIST				CERTIFICATE	OF DEATH	
3. SEX 4. COLOR OF RACE		(write the word)	21. DATE OF DEATH	march	15	7_
So 16 married widowed a diverse	marr	red		(Month)	(Day)	(Yeer)
e. If married, widowed, or divorced HUSBAND of (or) WIFE of	F 13.		22. 4 I HEREE	BY CERTIEY	That I attende	d doorgood fro
(or) WIFE of emma	0.10 pw	man	march 10	1932 to M		103 3
5. DATE OF BIRTH (month, day, end yeer)	Dotalon 2:	3 1852	I last saw h alive on.	much 15		; death is sai
. AGE Years Months	Deys	If LESS than	to heve occurred on the date si	tated above, et_10_5		
79 4	2-2	I day,hrs. ormin.	The PRINCIPAL CAUSE OF DI			
8. Trade, profession, or particular	1. 17	0	Thromes.	Interstitial	Toparita	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	elired Ja	rmer		^		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 1. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at this occuration (month and			Cardis-va	escular d	Siscare	
SAW MILL, BANK, etc	11 Table					
this occupation (month end	II. Totel tin	tin this pation				
2		Jation	Other Contributory Causes of it	mportance:		
(State or country)	maseu		arrerio -	Lebroar	0	unknow
13. NAME Regin H. /	2	•				
13. WAINE / Com 14.	form	ana ser				
14. BIRTHPLACE (city or town) Mr. 2001 (State or country)	imaccu	4, Mg.	Name of operation		Date of.	
	7/		What test confirmed diagnosis?		Was there an	au opsy?
15. MAIDEN NAME Mary	gouns	7	23. If death was due to external	causes (VIOLENCE) fill I	n elso the followir	ng:
16. BIRTHPLACE (city or town) Port	Samuel	rus_	Accident, suicide, or homicide?	De	te of Injury	, 19
(State or country)	That.		Where did Injury occur?	(Sifih	10.	
7. INFORMANT Tumma (Address) R. D. MV. C	ling, m	man	Specify whether injury occurred	in INDUSTRY, in HOM	wn, county and Sta E, or In PUBLIC PI	LACE.
8. BURIAL, CREMATION, DR REMDVAL	J 9m 0	.~	Manner of Injury			•
Place Dumaseus Cem	Date / Ch	18 ,1232	Nature of injury			
9. UNDERTAKER Joy W. (Address) Justinavil	Sarber	,	24. Was disease or injury in eny		on of deceased?	no
0. FILE mar 12, 1932 dl	10 - NI	Bust	(Signed) Leorge	m. 1300	wa	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis 7 1902	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURKAU V.S.		F	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

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MARGIN

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Every item CIANS sho statement PLACE OF DEATH
County Montgomery

Village or City Gaithersburg

(152)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 4 18

St.: Ward)

(If death occurred in a hospital or institution, give its NAME is stead of street and number.)

²FULL NAME Drusilla Briggs

PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCED Widowed female white (Write the word) 6 DATE OF BIRTH April 1st 1840 (Month) (Day) (Year) IIfLESS than 7 AGE I day hrs. vrs. 11 mos. 12 ds. or min.? **B** OCCUPATION (a) Trade, profession or housework particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Md . 10 NAME OF Remus Snyder 11 BIRTHPLACE Md. OF FATHER RENT (State or country) 12 MAIDEN NAME Susan Brandenburg OF MOTHER 4 13 BIRTHPLACE Md. OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Germantown, Md.

(Informant) Z. Thomas Briggs

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH March 13, 1932 , 192 (Month) (Day) (Year)..... I HEREBY CERTIFY. That I attended the deceased from Mar. 12, 1932 192 to Mar. 13, 1932 192 that I last saw her alive on Mar. 12, 1932 , 192 , and that death occurred on the date stated above, at 6:00A m. The CAUSE OF DEATH * was as follows: Septicemia due to cellulitis of left leg. Cause unknown (Duration) Contributory Secondary (Address) Broschart in deaths from Whether (Signed). *State the Disease Causing Death, ec, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the Where was disease contracted, if not at place of death?..... Former or

ITE PLAINLY

S. No. 1

usual residence

19 PLACE OF BURIAL OR REMOVAL

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (o) Salesman. (b) should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed loborer, Furm loborer. Loborer--Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it Julness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationory fireman, etc. But in many Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foremon, (b) Mulomobile foctory. The material For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day single word or term on Grocery,

Strtement of Cause of Death—Name, first, the DISEAL STAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid—probably suicide. The nature of the injury. American Medical Association.) approved (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Inemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," as fracture of skull, and consequences (e.g., sepeis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was understated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (secondary Chronic interstitial nephritis, "Atrophy," "Collapse, Never report mere symptoms or terminal condiby Committee on Nomenclature cough; or intercurrent) Chronic " "Coma," "Convulsions, affection etc. The contributory valvular heart diseose; need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH County Mont	Registration Dist. No. 217
Village or City Brookwille Length of residence in city or town where death occurred yrs. The	No. St., Wa if death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U. S. if of foreign birth? yrs. mos.
(a) Residence: No. Brookeville mus	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. SEX fell 4. COLOR OR RACE OR DIVORCED (perite the word)	21. DATE OF DEATH Mary 21 (Month) (Day) (Year)
(or) WIFE of Grank Brown	22. I HEREBY CERTIFY. That I ettanded deceased from the second se
AGE Years Months Days If LESS than 1 day, hrs.	more as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Labar preumonia Patrolone
10. Date deceased last worked et 3//3 2 11. Total time (years) this occupation (month and year) 12. Total time (years) spent in this occupation.	Other Contributory Causes of Importance:
(State or country) 13. NAME 2. BIRTIIPLACE (city or town) 13. NAME 2. BIRTIIPLACE (city or town) 3. NAME	myocarditis 1929
13. NAME John to Baker 14. BIRTHPLACE (city or town) mont Co (Stete or country) md - ,	Name of operation
15. MAIDEN NAME Rebucca Rabbett 16. BIRTHPLACE (city or town) month co (Stete or country) and 7. INFORMANT James Brown (Address)	23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
8. BURIAL, CREMATION, OR REMOVAL Place Brown Kewelle md. Date Mar 23, 1992	Menner of injury
9. UNDERTAKER TOWNER & Complexed	24. Was disease or injury In any way related to occupation of deceased? 200
10. FILED Fran 221932 CB arusley Registrar.	(Signed) Chas 65 mufleron M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritis PR 5 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURGAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	
AN				

Electric item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ENT RECORD BINDING PERM WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR RITE PLAINL

V. S. No. 1

PLACE OF DEATH County Granty	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 2/1
Village or City N. Anathriann (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME fulfilles	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH March 31, 1932 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw him alive on March 29, 1932
7 AGE (If LESS than	and that death occurred on the date stated above, at 11.45 Am.
69 yrs. 2 mos. 15 ds. or min.?	The CAUSE OF DEATH : was a followed. Heart tweare
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) O yts. mos. ds.
which employed or (employer) BIRTHPLACE (State or country) And In The State of Country)	Contributory Secondary (Duration) yis, mos. ds,
10 NAME OF FATHER FOUND Dundelite	(Signed). Ernect P. Roop M.D. Afel / 1933 (Address) Hem Market, Med,
OF FATHER (State or country) Mederick OR.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Kallsine Geall	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Hyelerule (State or country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Justin Burgette gr.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Calanda Bring Gal	Qualtatown Inf. Afra. 3, 1932
Filed apr 19332 That Lace Registras	20 INDERTAKER) DORESS STATES
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation nature of the business or industry, and therefore an additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil angineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Form loborer, Laborer-Cool mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

EASE CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal force (the only definite synonym is "Epidemic cerebrospinal meningitis"); Divilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine dofinitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Récommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; etc. The contributory

In this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Registr

If more blanks are needed, address State Res

STATE OF MARYLAND—CERTIFICATE OF DEATH

	93-3
	Registration Dist. No. 217
in	elyon to Den Hopp. St., Ward
(If	deat occurred in hospital or institution, give its NAME instead of street and number)
mos	ds. How long in U.S. if of foreign birth?
1.	St., Ward.
Ø	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
D,	21. DATE OF DEATH
d)	3/ 57 ,193 7
	(MonyA) (Year)
1	22. HEREBY CERTIFY, That attended deceased from
_	726/ 19:32, to 3/5/4 1932
	I last sew a Gran elive on 3/4/1,193 ; death is said
en	to have occurred on the date steted above, at
hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Date of onset
	acute dilitation of heart
	S S S S S S S S S S S S S S S S S S S
	Dither Contributory Causes of Importence:
	Dillet Countries of Importance.
	Chomic Myscardilis 2 years
	The state of the s
	Name of operation. Provide Date of
	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
	Where did injury occur? (Specify city or town, county and State)
	Specify whether Injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
32	Manner of Injury
	Nature of injury
	24. Wes disease or injury in eny wey related to occupation of deceesed?
	If so, specify
	(Signed)
17.	(Address) Sandy Sp., on
istrar,	2411 N. Charles Street, Baltimore, Requesting O. S. No

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis FIVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
APR 5 1932				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis PR 7	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.) }		
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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-WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

62973

1. PLACE OF DEATH	4	92·a	
County ///ow	yours	Registrati	ion Dist. No. 211
Village or City Mr - 6 L	Saetheroffle	NoNoNospital or institution, give its NA	St., Ward
Length of residence in city or town when	- A-C		yrsds.
2. FULL NAME Ports,	tourse Dus	Non	
(a) Residence: Np.	(Usual place of abode)	St., Ward.	dent give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Z- ,198 Z
5a. If married, widowed, or divorced 2 a no	OBUITANI	(Month)	(Day) (Year)
HUSBAND of (or) WIFE of	idowed	22. J. HEREBY CERTI	FY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year)	January 12, 1852	flast saw har alive on March	2, 193.2; death is said
7. AGE Years Months	Days Af LESS than	to have occurred on the date stated above, at_4-	0
80 1	20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related of were as fellows:	causes of importanco
8. Trade, profession, or particular kind of work done, as SPINNER.	D + ' -/	Occure dilala	hon 8
SAWYER, BODKKEEPER, etc	- Uldbrid	neart -	3day 19
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			/ /
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	11. Total time (years) spant in this occupation		
701.		Other Contributory Causes of Importances	1.4.
12. BIRTHPLACE (city or town) ///// (State or country)	rysand	Chrome Endole	names of in
	mosley		
13. NAME RESUMD	141100	Name of operation	Date of
(State or country)	wightana	What test confirmed diagnosis?	
15. MAIDEN NAME Ellen	mullinia	23. If death was due to external causes (VIOLENCE	
15. MAIDEN NAME Ellen 16. BIRTHPLACE (city or town)	aryland.	Accident, suicide, or homicide?	Date of injury, 19
(State or country)	J	Where did injury occur?	
17. INFORMANT My Walte	r Bupton	Specify whether injury occurred in INDUSTRY, In	y or town, county and State) n HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	7 7	Manner of injury	
Place Kemptosus Cens	1. Date Mar. 4 , 1932	Nature of injury	
19. UNDERTAKER JV 771	Inyder	24. Was disease or injury in any way related to oc	ccupation of deceased? 200
(Address) Int dis	m Ola 1	If so, specify (Signed) Sense M	Boyer M.D.
20, FILED (MA) . 4 , 1932 Du	Defit. Registrar.	(Address) D. Janua	Resur md

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	\$1 50	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 7	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANEN'T-RECORD. Every item of inforof OCCUPA-Exact statement AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

B. S. S.

STA	TE OF	MARY	YLAND—	CERTIFICAT	G OF DEA	ATH ()	2974
County Man	son.	m		BI-d	Registration	Dist. No. 2	11
Village or City	alle	pfued	/W	NoNo	-indication aim in NAM	St.,_	Ward
Length of rasidance in city or t	own where deet	h occurred	1	ds. How long In U			
2. FULL NAME UTY	rer W	Testy	6 3440				
(a) Residence: No.		/		St., Ward.	~ = = = + + + + + + + + + + + + + + + +		
PERSONAL AND S	TATISTIC	(Usual place of		MEDICA	If nonresident	give city or town a	
3. SEX 4. COLOR OR		SINGLE, MARI	RIED, WIDOWED. (write the word)	21. DATE OF DEA		24	, 193 2
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. I HER	EBY CERTIF		-
6. DATE OF BIRTH (month, day, and 7. AGE Yaars	year) Nonths	Days	16 -1932	I last sew h. 5. aliva to have occurred on the da	ta statad abova, at 1:5	5. pm.	2; death is said
	-	11	I day,hrs. ormin.	The PRINCIPAL CAUSE Of were as follows:	F DEATH and related ceus	ses of importence	Date of enset
8. Trade, profassion, or particul kind of work done, as SP SAWYER, BDOKKEEPER, a 9. Industry or businass in which				Umbiez	Hemmore	-hzge	3/28/37
work was done, as SILK ! SAW MILL, BANK, atc	WILL, 	11. Total ti	me (years)			4	
year)	٥	spen	tin this pation	Othar Contributory Causes	of importanco:		
12. BIRTHPLACE (city or town)(State or country)	15 LA /	2 nd					
13. NAME Richard	9 6	1077	7				
13. NAME (Lity or town)	Boyd	4.1		Neme of operation		Date of	
(State of country)	1225 kg	Hong.		Whet tast confirmed diagno	osis?	Was thare a	n autopsy?
15. MAIDEN NAME [] 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	13 au 13au 1	Jaras Jang	SON.	23. If death was due to extain Accidant, suicide, or homlo Where did injury occur? Spacify whathar injury occur	(Specify city or	Dete of injury	, 19 State)
18. BURIAL, CREMATION, OR REMOV	1 1	Date My	12 nd.	Mannar of injury			
19. UNDERTAKER & COMMENTARY (Address) 20. FILED Marza 193	2 The	Clian &	Levis	24. Was disease or injury in If so, specify (Signad)	n eny way raleted to occup	pation of daceased?	M. D
		Loc	el Registrar.	(Addrass)	mound	- fine	illa.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURMAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Tro-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12975
infor- state UPA-	1. PLACE OF DEATH	95-2
F 1	County Montgomery County	Registration Dist. No. 223.
item of should of OCC	Village or City Jahona PA manyelina	l No. Washington Switerin & HospitalWard
± , °	Length of residence In city or town where death occurred _ £yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
Every COLANS tement	2. FULL NAME Golna Florence Chan	
<u> </u>	0.	y sand Ward.
I X	(Usual place of prode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
TGENT TLY.	Fernine white OR DIVORCED (write the word) Married	21. DATE OF DEATH March 4, 198 2 (Month) (Day) (Year)
DIP AN A C ssifi	5a. If married, widowed, or divorced WOODAND of (Or) WIFE of Lewis Frank Chaudler	1 HEREBY CERTIFY, That I attended deceased from to March H 19 8.2
BINJ EX. EX. y cla	6. DATE OF BIRTH (month, dey, end year) July 13, 1886	I last sew h. L.z. alive on March 4 , 19 32; death is said
- 10	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at ? Pm.
FOR IS A I stated proper!	H 3 7 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
**	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife	The Acg Ingovardely Duhas
SERV] NK_T should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Hon Valvala.
S	11. Total time (years) this occupation (month and may 1936 spant in this 20 yrs year) ccupation	Decompensated
	12. BIRTHPLACE (city or town) Stanton Virginia	Other Contributory Carges of inportance:
MARGIN I UNFADII supplied. n terms, so	(State or country)	I will sever hypertanne when
	13. NAME Charles a. Braden 14. BIRTHPLACE (city or town) Stanton Virginia	1
·- T ·- 70	(State or country)	Name of operation Oete of What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis?
Y, WITH carefully H in pla ortant.	15. MAIDEN NAME Lydia Fisher	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, W be carefu EATH in g	5 16. BIRTHPLACE (city or town) - Newhofse, Virginia (State or country)	Accident, suicide, or homicide? Date of injury, 19
CAINLY, dd be can DEATH Ty import	0 ' '	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT Samusmum, Seconda	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
shou E OF	18. BURIAL, CREMITION, OR REMOVAL	Manner of injury
	Place Stamplon, Sappare Man. 1, 1932	Nature of Injury
	19. UNDERTAKER W. W. Manyers Co. (Addiess) 100 Chapter St.	24. Wes disease or injury In any way related to occupation of deceased?
V.S. No.	20. FILEO March 5, 19 3 2 / 70 6. Rogers.	(Signed) Howard V Coop M. D. (Address) Wash Sun Thosp
	If more blanks are needed, address State Registrar,	P

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	e a	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonițis	3 days ago
PHREAU V.S.			
Other contributory causes of importance:	in-Lune	Other contributory eauses of importance:	Mit like
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state of OCCUPA.

PHYSICIANS

statement

CAUSE OF

-WRITE mation

1. PLACE OF DEATH	18.70
county Montgomery	Registration Dist. No. 2
Village or City Rusington (If Length of residence in city or town where death occurred 16 yrs. mos.	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth? yrs mos ds.
0 .0 . 01 - 1	Daniel Da
2. FULL NAME Synthia Cloise C	Ch Ward
(a) Residence: No. (Kensungton (Usus/place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female white 5. Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from March 3, 1932, to March 10, 19, 32
6. DATE OF BIRTH (month, day, and year) August 13 1845	I last saw h. er. elive on Warch 9. , 19.32; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 A-m.
86 6 28 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	accidental tranmation
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceesed last worked at this occupation (month and	from fall - scrock 3/3/32
10. Oate decessed last worked at this occupetion (month and year) 11. Total time (years) spent In this occupation	
12. BIRTHPLACE (city or town) New York (Stato or country)	Other Contributory Camer of Importance: 12 12 12 12 12 12 12 12 12 12 12 12 12 1
# 13. NAME Erin Cleveland	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Laura March 16. BIRTHPLACE (city or town) Vermout	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3/3, 19.32
O 16. BIRTHPLACE (city or town) UNWOWN (State or country)	Accident, suicide, or homicide? USCALLUST Date of injury 3 / 3 , 19 32 Where did injury occur? Newsurstow
17. INFORMANT Mrs. L. M. Cleveland (Addiess) Kensination	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Lame
18. BURIAL, CREMITION, OR REMOVAL Place Author Long Long Land 3, 12, 1922.	Manner of injury Fell to floor when pitting down Nature of injury Bruising of right hip and leg.
19. UNDERTAKER Warney Columphicy, (Address) Pochnille Mar.	24. Was disease or injury in eny wey related to occupation of deceased?
20. FILED 3 - 1/, 1932 W & Query	(Signed) Katharine a Cleapman M.D. (Address) 20 W. Balts. St. Mensington

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

*To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02977
1. PLACE OF DEATH	93-c)
County Montgomery	Registration Dist. No. 214
Village or City Registry ton	No. St., Ward
Length of residence in city or town where death occurredyrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME HARRY Keplen Con	nicle.
(a) Residence: No. 37 SH Paul St.	St., Ware.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married	21. DATE OF DEATH March (Month) (Dey) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Mary W. Corricle	22. I HEREBY CERTIFY, That I attended dacaased from March 22, 1932, to March 22, 1932
6. DATE OF BIRTH (month, day, and year) Mossens leen 8, 1864	Hast saw him elive on March 22, 19.32; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 415 A.m.
67 4 14 14 lady,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Bookleeper SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL Dept of Agriculture SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and the same in this same in the same in this same in	acute aastroeuteritis 3/22/3
9. Industry or business in which work was done, as SILK MILL Debt, of Amicultury SAW MILL BANK etc.	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Middletown (State or country) Manufaud	Other Contributory Causes of Importance: Suronic myocarditis?
The state of the s	(J
13. NAME Johns Corrick 14. BIRTHPLACE (city or town)	Neme of operation. Deta of
(Stata or country) Maryland.	Neme of operation Deta of What test confirmed diagnosis? Wes there on aulopsy?
15. MAIDEN NAME Lucinda Kesler	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Livinda Kesler 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Data of injury, 19
(State or country) Maryland	Where did Injury occur?
17. INFORMANT Mrs. Ruth Van Fosen (Address) 56 St. Paul St. Kensington	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place To chevilla youry inpose Mar 24, 19.32	Natura of injury
19. UNDERTAKER WM. Frenchey Chargothery (Address) Ry charles may.	24. Wes disease or injury in any way related to occupation of deceased? CO.
20. FILED Mor 23, 1932 W L Level Registrar.	(Signed) Katharine a. Chapmann. D. (Address) 20 W. Balto. St., Very Sington.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

es Date of onset	(f))	
Co Date of offset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1.1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

62978

1. PLACE OF DEATH	(82-0)
County Moulgomery	Registration Dist. No. 2/3
Village or City To ekutelr	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary	Curran
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. Trimale Holle Married	21. DATE OF DEATH March 3 (Day) 1932 (Month) (Day)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of AMAGE AMA	22. HEREBY CERTIFY, That I attended deceased from
01:010-1906	Hay 14, 1932 to march 3/1932 Hast saw h er alive on march 30, 1932; deeth is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.30 mi.
48 11 21 1day, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows: Our back shoplering man!
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1931
9. Industry or business in which work was done, as Silk Mill. SAW Mill., BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
O this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) \relambdace \left\(\text{land} \right\)	Other Contributory Causes of Importance: Arterio - Sclessoris
(State or country)	- where- cursus
13. NAME) Unknown	
14. BIRTHPLACE (city or town) Jarloung	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UNknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mr. D. Gussand, (Address) Rochwills md,	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Marys - Rachvelle Dete Cypiel 2 105:	Manner of Injury
Man Raybus P. J. Sugar	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER UM. Seutella March	If so, specify
4 2 32 ha 7/2 7 P 07	(Signed) 907 Hartseys M. D.
20. FILED. 7 - 2 ,1952 . W J. Mall	(Address) Russville

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	- market	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	Date of onset
Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage	1932	July 5,1927	Peritonitis	3 days ago
	BURLAU V.S.			
Other contributory c	auses of importance		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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F.											,	,	E.	E.	E.	E.	,	E.	3	5	E.	E.	3	7	7	7	7	-	((į	I]	5	18	2	6	,	ï	7	1	I	8]	J		ľ	Y	3	3	B	I	1	3	2	1	l	7	V	1	ľ	1.	3	F	I	1	V	Ì	E]	7	1	1	A	1	4	٧.	ľ	I	1	-	5	5	3	S	S	S	2	6		,	1	3	3	3	R	R	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	R	R	3	R	3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronie interstitial neg		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	7 1937	July 5,1927	Peritonitis	3 days ago
	BURRAU V.S.			
Other contributory	eauses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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STATE	OF	MARYLA	ND-C	ERTIFI	CATE	OF	DE	ATH	+
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U	4	J		1		

County Man & Gamery Ward Village or City Tak & Mar Tak	1. PLACE	OF DEAT	Н			166		
Langth of residence in city or town where death occurred. Very Moss. 2. FULL NAME (a) Residence: No. 12. (b) Microscope of the composition of	County	Monxa	W. S. Ma		***		Registration Dist. No. 2	23,
Langth of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. 12. (b) Language of abodo PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORCED (write the word) ON THE OR DIVORCED	Village or	Citya	Komas	Park.	(lf	Nallashington Sideath occurred in a hospital or institu	exuitarium + Haspiste tion, give its NAME instead of preet a	Ward number)
(a) Residence: No. 12. W., Macke St. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVERED (which the word) Co. WIFE of the place of abode) 3. SEX 4. COLOR OR RACE OR DIVERED (which the word) Co. WIFE of the place of the data of the place of the data of the place of the data stated above, at the place of the data of the place of the data stated above, at the place of the data of the place of the data stated above, at the place at the place of the data stated above, at the place at the place of the data stated above, at the place at the place of the data stated above, at the place at the place of the data stated above, at the place at the place of the data stated above, at the place at the place of the data stated above, at the place at the place of the data stated above, at the place at the place of the data stated above, at the place of the data stated above, at the place at the place of the data stated above, at the place of the data stated above, at the place of the p	Length of r	esidenca in city	or town whera d	eath occurred	yrs. 22mos	ds. How long in U.S. if o	f foreign birth?yrs	mosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Curvice the word) 5. If married, widowed, or divorced (co) WiFe of 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months 1 2 9 1 18 STade, profession, or particular 8. Trade, profession, or particular 8. Trade, profession, or particular 8. NaW Pills, BOLORKEEPER, etc. 9. Industry or business in which SAW MILL, BAIK, 8tc. 1 1. Total time (years) 9. Industry or business in which SAW MILL, BAIK, 8tc. 1 1. Total time (years) 9. Industry or business in which 9. Industry or business in which 18. U. D. Date decased last worked at \$C \cdot 1. Total time (years) 9. Industry or business in which 19. 1. MARRIED, WIDOWED Other Ceutributory Cases of importance. 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 14. AND	2. FULL N	AME M.	is Max	Jane Ve	en Dyne			The state of
3. SEX F. COLOR OR RACE OR DIVORCED (wire the word) F. WALLE OF DEATH OR DIVORCED (wire the word) Sa. If maried, widowed, or divorced HUSBAND of (or) WIFE of HUSBAND of (or) WIFE of (or) WIFE of B. DATE OF BIRTH (month, day, and year) O. A. 31 3 q q T. AGE Yeers Months Days If LESS than 1 day, Mrs. Sa. Yeers Months Sa. Yeers Months Or min. S. Trade, profession, or particular SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc	(a) Resid	ence: No\	2W.1	1-1		st.,Ward. CR	eny Chase from town	and State
FC MANE OR DIVORCED (write the word) Sa. If married, wistowed, or divorced HUSBAID of Corry WIFE of 1997 E. DATE OF BIRTH (month, day, and year) O. A. 31 18 99 E. DATE OF BIRTH (month, day, and year) O. A. 31 18 99 If LESS than John of Law John of La	PERSO	NAL AND	STATISTI	CAL PARTI	CULARS	MEDICAL C	ERTIFICATE OF DEATH	4
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Och 31 1899 7. AGE Veets Months Days IT LESS than 1 day	-			OR DIVORCE	(write the word)	21. DATE OF DEATH		, 198.2 (Year)
8. DATE OF BIRTH (month, day, and year) Och 31 13 99 7. AGE Yeers Months Days If LESS than 1 day,	HUSBAND of		ed			22 OI HERERY	CERTIEV That Lattend	and deceased from
Table Name occurred on the data stated above, at New m. 1 dayhrs. 3 2	(or) WIFE of					Jun 25		4
The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH AND RELETED A	6. DATE OF BIRT	H (month, day,	and year) O	ch 31	1899	I last saw here alive on		death is said
8. Trade, potession, or particular were as follows: SANYER, BOOKREFER, etc. SANYER, BOOKREFER, BOOKREFER, BOOKREFER, BOOKREFER, BOOKREFER, BOOKREFER, BOOKREFER, BOOKREFE	7. AGE	reers	Months	Days		The court of the property of t		
8. Trade, profession, or particular kind of work dome, as SPINNER. Lea cucy 9. Industry or business in which work was done, as SPINNER. 10. Date deceased last workad at Cot III. Total time (years) 11. BIRTHPLACE (city or town). 12. BIRTHPLACE (city or town). 13. NAME Tredrich Day Jac 14. BIRTHPLACE (city or town). 15. MAIDEN NAME A Chara Dute his S 16. BIRTHPLACE (city or town). 17. INFORMANT Was a was a country) 18. BURIAL CREMATION, OR REMOVAL Place Floral Action. 19. June Mary Day Country 19. UNDERTAKER. 19. June Trade Country Date of Country in any way related to occupation of deceased? 19. Inspection. 19. June Trade Country and State. 19. June Trade Country and State. 19. June Trade Country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. June Trade Country in any way related to occupation of deceased? 19. June Trade Country in any way related to occupation of deceased? 19. June Trade Country in any way related to occupation of deceased? 19. June Traker.		32	5	6		The PRINCIPAL CAUSE OF DEAT were as follows:	TH and releted causes of importance	Data of anget
9. Industry or business in which work was done as SILK MILL. SAW MILL, BANK, atc. 10. Date deceased last workad at year occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME Tre dried Dand year (State or country) 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT Was always and year	8. Trade, pro	fession, or part f work done, as	ticular S S PINNER.				A	
12. BIRTHPLACE (city or town) CRe U L CR 3 & Other Contributory Causes of Importance: 13. NAME Tre drick Dandyre 14. BIRTHPLACE (city or town) Calxi yra My 15. MAIDEN NAME M. Chara Dute hins 16. BIRTHPLACE (city or town) Date of What test confirmed diagnosis? Was there an au opsy? 16. BIRTHPLACE (city or town) Date of injury Data of injury Data of injury 19. 17. INFORMANT Was Author Sanitary Mark Mark Mark Mark Mark Mark Mark Mark	SAWY			leg cher			V	
12. BIRTHPLACE (city or town) CRe U L CR 3 & Other Contributory Causes of Importance: 13. NAME Tre drick Dandyre 14. BIRTHPLACE (city or town) Calmyre 15. MAIDEN NAME M. Chara Dute him. 16. BIRTHPLACE (city or town) Date of What test confirmed diagnosis? Was there an au opsy? 16. BIRTHPLACE (city or town) Date of injury Data of injury Data of injury 19. 17. INFORMANT Was Larry M. Sanitary and State) 18. BURIAL CREMATION, OR REMOVAL Place Fort of Mar 26. 19.32 19. UNDERTAKER (Address) Armedolum Date Mar 26. 19.32 19. UNDERTAKER (Address) Mr. Green State Wash (Address) Mr. Gree	work y	IIZ za annh zaw	IK MIII /	bhic So	hooh	C,	/	
12. BIRTHPLACE (city or town). Che ull Chase (State or country) 13. NAME Tredrich Dan Date of (State or country) 14. BIRTHPLACE (city or town). Calmura Mulling (State or country) 15. MAIDEN NAME M. Chara Dure Name of operation. (State or country) 16. BIRTHPLACE (city or town). Land March M. Chara Dure Name of operation. (State or country) 17. INFORMANT Was American. Sameron. Sameron. (Address) Takona Park Man. Seconds. (Address) Takona Park Man. Sameron. Date of What test confirmed diagnosis?. Was there an au opsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? More did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Takona Park Manner of injury 19. UNDERTAKER (Address) Takona Park Manner of injury 19. UNDERTAKER (Address) Takona Park Manner of injury 19. UNDERTAKER (Address) Takona Park Manner of injury 19. One Mark Manner of injury 19. One Mark Manner of injury in any way related to occupation of deceased? Manner of injury State or country) Manner of injury State or country Manner of injury Manner of injury State or country Manner of injury Manner of injury State or country Manner of injury State or country Manner of injury Manner of injury State or country Manner of injury Manner of injury Manner of injury State or country Manner of injury Manner of in	10. Date dece this oc year)	ased last work	ad at Oc+	Sp2f	nt in this a bout		4	
13. NAME 14. BIRTHPLACE (city or town) 10.	12. BIRTHPLACE	(city or town)	^		1	Other Contributory Causes of Impo	ortanco:	
14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. La March 10. La March 10. La March 11. La Birthplace (city or town) 12. La March 13. Manue of operation What test confirmed diagnosis? Was there an au opsy? What test confirmed diagnosis? Was there an au opsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 10. Address 10. Date of Was there an au opsy? 20. Data of injury Needed: Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER (Address) 19. Was diseasa or injury in any way related to occupation of deceased? 19. One of the confirmed diagnosis? Was there an au opsy? 21. Mas diseasa or injury in any way related to occupation of deceased? 19. One of the confirmed diagnosis? Was there an au opsy? 22. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed)		2					<u></u>	
What test confirmed diagnosis? Was there an au opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT Was Auguston Sandara Records (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Final Survey Date Mar 26, 1932 19. UNDERTAKER (Address) (Address	13. NAME		· .					
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT Was Acident, suicide, or homicide? (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Fort Date Mar 26, 1932 19. UNDERTAKER (Address)			n)	uyra"	v.t.			
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT Was Removed. (Address) akona Park Md. 18. BURIAL, CREMATION, OR REMOVAL Place Fort Mar 26, 1932 19. UNDERTAKER (Address) The Contact Wash. (Address) The Contact Wash. (Address) The Contact Wash. (Address) The Contact Wash. (Signed) Where did injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? Specify whether injury occur? Specify whether injury occur? Specify city or town, county and State) Specify whether injury occur? Specify city or town, county and State) Specify whether injury occur? Specify city or town, county and State) Specify whether injury occur? Specify city or town, county and State) Specify whether injury occur? Specify city or town, county and State) Specify whether injury occur? Specify whether injury occur? Specify city or town, county and State) Specify whether injury occur? Specify whether injury occur? Specify city or town, county and State) Specify whether injury occur? Specify whether injury occur? Specify city or town, county and State) Specify whether injury occur? Specify city or town, county and State) Specify city or town, county and State) Specify city or town, county and State) Specify whether injury occur? Specify city or town, county and State) Specify city or town, county and State or injury occur? Specify city or town, county and state or injury occur? Specify city or town, county and State or injury occur? Specify city or town, c			Plass	11	7			
(Stata or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Place Fort Jucolu Date Mar 26, 1932 19. UNDERTAKER (Address) (Address)	I Chara Tulenins							
Specify city or town, county and State) 17. INFORMANT Was Remarks M. Sa M. Larium Records (Address) Takona Park M. d. 18. BURIAL, CREMATION, OR REMOVAL Place First Jucolu Date Mar 26, 1932 19. UNDERTAKER (Address) The Company occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) The Company occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) The Company occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury (Address) The Company occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.					*	/		, 19
18. BURIAL, CREMATION, OR REMOVAL Place Fort Sucolus Date Mar 26, 19.32 19. UNDERTAKER (Address)					n Records		(Specify city or town, county and INDUSTRY, In HOME, or in PUBLIC	State) PLACE.
Place Fort Lyncoln Date Mar 26, 1932 Nature of injury Nature of injury in any way related to occupation of deceased? 19. UNDERTAKER (Address)							*************************	
19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. Under 19. Unde	To it was a line of the same o							
(Address) gry - N. y Come Dane. Wash. If so, specify (Signed)	19 UNDERTAKER	AL	3 New	rus	, , ,		ay related to occupation of deceased?	no
Warehar 20 20 & Royal (Signed) & A. Meeo M.D.		dot-	17.4 a	me Me	C. Wach.	100		
20, FILED March 25, 19 52 (Address) (Address) (Address)	20. FILED Mass	ch 25,19	32 %	0.8.1	ogers.	(Signed)	A. Mico	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V. S	,		
Other contributory causes of importance:	76275	Other contributory causes of importance:	tore rest
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 102981
1. PLACE OF DEATH	(JSI)
County Montgomery	Registration Dist. No. 228.
Village or City Talkamas Park	No Washington Sanitaries & Asseptiaf Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsyrs	s/ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Mr. Isaac 3 (a) Residence: No. 814-22nd St. N. W. apt. (Usual place of abode)	Field Washington, D. C.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or fown and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale White Single	21. DATE OF DEATH March 7, 1992
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from Sept 6 1931, to March 7 1932
6. DATE OF BIRTH (month, day, and year) January 26, 1871	I last saw hum alive on March 6 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.143 Pm.
6/ / /2 1 day,hrs	meta as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, Proof Reader (Retired)	Date of onset
SAWYER, BOOKKEEPER, etc	Chrome Brights Disens 1923
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this year) occupation 40 yr	5,
12. BIRTHPLACE (city or town) alexandra (State or country)	Other Coutributory Causes of Importance: Chronic My ocardity
	It igh Blook prissure
13. NAME John a. Field 14. BIRTHPLACE (city or town) Zendenawn	Name of operation Date of
(Stele of country) Grekandria, Va.	What test confirmed diagnosis? Electro cardio grayas there an au opsy? yes
15. MAIDEN NAME Mary Buckingham	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) alexandra (Stete or country) Virginia	Accident, suicide, or homicide? Date of injury, 19
(Stete or country) Virginia	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Samlarum Lecordo (Address) Zakoma Pasto	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Meran Price Date 18/32,19	Nature of injury
19. UNDERTAKER John S. arnold	24. Wes disease or Injury In any way related to occupation of deceased? hv
(Address) (alexandria Va	If so, specify.
20. FILED March 7, 1932 76, 6 Logar.	(Signed Sura Park Am J. (Address) Tokoma Park Am J.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9.2 For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	D-CERTIFICATE OF DEATH 62982
	(21)
county montgomery	Registration Dist. No. 2.1)
Village or City Montgomercy Count	St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mosds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Dorothy ann F	letchez
(a) Residence: No. Kennington (Moualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the state)	vord) 3 ~ 6 ~ 193 Z
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	3/ 3/ 193Z to 3/6/ 192
6. DATE OF BIRTH (month, dey, and year) Queg. 124, 192	
7. AGE Years Months Days If LESS 1 day,	
8 6 22 orr	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and specific profession).	Bender Inremove 3/2/62
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year) year)	
1 year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Gangienses Oppenheisles
	Janguel Drutmit
E	So. 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
14. BIRTHPLACE (city or town)	Name of operation. So parally small the Late of 3/3/3.2
IS MAIDEN NAME MORY LEY I TO The M	What test confirmed diagnosis?
	Accident, suicide, or homicide? Date of injury, 19
State or country) Moruland	Where did injury occur?
17. INFORMANT Stephen J. Fletcher	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL Plece Darmanal Date March R.	Manner of injury
Place Damaarus, Modele March R	Neture of injury.
19. UNDERTAKER Mariner & Pumphre	24. Was disease or injury in any way related to occupation of deceesed?
(Address) Rocharilla, Marylan	If so, specify
20. FILED Mar 8 , 1982 CS Sarnsloy	(Signed) M. D. (Address) M. D.
	Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 doys ogo
Vetter V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	SICIAN
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should state item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

62483

1. PLACE OF DEATH	108
County Illulia	Registration Dist. No. 2/3
Village or City of while Ca, and	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred yrs.	nos ds: How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Williams of	apaco
(a) Residence: No. Deville For By (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Harch - 2 193 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Hand Talseo	22. THEREBY CERTIFY, Thet I attended deceased from 1932 to Man - 2 - 1932
6. DATE OF BIRTH (month, day, and year)	I last saw here alive on Mar - 2 - 132; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
7/ Z 1 day,h	the safetter and choose of persons and to the safetter of the
8 Trade profession or particular	Date of onset
o kind of work done, as SPINNER, with all fare SAWYER, BOOKKEEPER, etc.	4 Jobar Anemon 128/32
9 Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc 10. Dato deceased last worked at this occupation (month and 197) 11. Total tima (years) spent in this 27	Brueluti - 2/2//32
12. BIRTHPLACE (city or town) Warnester Grant (State or country)	Other Centributery Causes of Importance:
13. NAME SINONIM	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT Letting Mills (Address) Justica, and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 1100.	Natura of Injury
19. UNDERTAKER 6 19 Hachres	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Garthurby Inch	If so, specify O Malf
20. FILED 3/4 1932 Mrs. If. J. Creek	(Signed)
Registrar.	(Address) Aug.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	PECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial negligitis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1 100 7 1032	July5,1927	Perilonitis	3.days ago	
	BURFAU V.S.				
Other contributory	auses of importance:	-	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis ADR 5 1932	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	
DEATH /					

1	1 .	6.		- 50	-	
6	2	y	3	9)	

1. PLACE OF DEATH	(10)
County WWWWWWWW. Llow	Registration Dist. No. 223
Village or City Jakobana Pafelle, Ma.	Mo. M. A.M. T. YORD 1 St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?
2. FULL NAME MYSU V VYANNA! YY	eger
(a) Residence: No. 2.10 L. A. M. QVEII. VI	St., Ward. Wallengton, G. If nonresident gife city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the world) Warvilla.	21. DATE OF PEATH VOLU 26 (Day) (Year)
5a. If married, widowed or divorced thusband of Cori WIFE	22. NOVEMBER OF THE P. That I ettended deceased from NOVEMBER 14. 1932. to MANUAL 16. 1932
6. DATE OF BIRTH (month, day, and year) Qua 20.18 13	I last saw h. E.V. alive on Marchy 25, 1982; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.39 9 m.
58 7 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and particular form). The part in this person in this pers	atterno Delerosio
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	l 'a'-
SAW MILL, BANK, etc	Sender
O 10. Date deceased lest worked at this occupation (month and year) this occupation coupation	
12. BIRTHPLACE (city or town) Julian, Muy Julian (State or country)	Other Contributory Causes of importance.
13. NAME JAMW Van. Custin	
14. BIRTHPLACE (city or town) ? 240 Laux	Neme of operation Date of
(State of Country)	What test confirmed diagnosis? Was there en au opsy?
15. MÁIDEN NAME MANUY CARRADA	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MÁIOEN NAME MAUY ALLAND 16. BIRTHPLACE (city or town) 2 Valland (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Wash. Sanitarium Cleville (Address) Calerma Park marufau	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place It Lincoln Cremater 3/26, 1932	Manner of injury
19. UNDERTAKER Jas. Shyleis Sloves Worsh. D.C.	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED Mar 26, 1932 Hellogers Registrar.	(Signed) D. N. Kress M. D. (Address) Jakoma Garke D.C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis A T T T TOO TOO	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0
County Mong	Registration Dist. No. 213
Village or City Prolesville	NoSt,Ward
//	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary & Thallm	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIEO, WIDOWEO, OR DIVORCEO (write the word) Market	21. DATE OF DEATH 254 193 2 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of John Thallman	22. HEREBY CERTIFY, That I attended deceased from 1932, to Mrs 25, 1932
6. OATE OF BIRTH (month, day, and year)	I last sawb aliva on Man 24 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 3. 4.21m. The PRINCIPAL CAUSE OF OEATH and related causes of Importance were as follows:
A Trade profession or particular	Date of onset 1/24/52
kind of work done, as SPINNER, 7 was work SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10: Date deceased last worked at this occumation (month and, 2 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 /	
occupation (month and 3/24/3 spent in this 4/5 year) 12. BIRTHPLACE (city or town) (Stata or country)	Other Contributory Causes of importance:
13. NAME Perry Laws 14. BIRTHPLACE (city or town) monty (State or country)	Name of operation Date ef
	What test confirmed diagnosis? Was there an autopsy? 23, If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Joury 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?0ate of Injury, 19
17. INFORMANT John Hallway (Address) Roberts and	(Specify city or town, county and State) Specify whether Injury occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Proposition Date 3/27 1932	Manner of injury
19. UNDERTAKER Thomas David	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO 3/25, 1032 EW White Registrar.	(Signed) M. D. (Address) LUUL LA M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis A 1939	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUSTAN V.S	5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH Registration Dist. No. pluoda County Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? vrs. mos Length of residence in city or town where death occurred_____yrs, statement 2. FULL NAME Ward ECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) male (Month) (Year) BINDING classified H 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly to have occurred on the date stated above, at Days If LESS than 7. AGE Years Months FOR 1 day, ___ his. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ____ min. were as follows Date of ooset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, be RESERVED Jo SAWYER, BOOKKEEPER, etc.. plnods 9. Industry or business in which may back work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11, Total time (years) spent in this this occupation (month and occupation nstructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town MARGIN (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) in plain (State or country) What test confirmed diagnosis? Was there an autopsy? carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: DEATH 16. BIRTHPLACE (city ar town) (State or country Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. plnods OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE ac/2 1932 Date ... mation Nature of injury LION 24. Was disease or injury in any 19. UNDERTAKER (Address) If so, specify (Signed) 20, FILED 3/10 Registrar. (Address) ... If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis 7 1000	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage BURLAU V. S.	July 5,1927	Peritonitis	3 days ago		
	-				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE	OF	MARYL	AND-	-CERTI	FICA	ΓE	OF	DEATH	
--	-------	----	-------	------	--------	------	----	----	-------	--

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-6 42988
County Wouldontry	Registration Dist. No.
Village or City Believelek (If	
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME I lingabelt Ha	ydon.
(a) Residence: No. (Usual place of abode)	U St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1) SEX 4. COLOR. OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 24 193.2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unbrow Hayday	22. I HEREBY CERTIFY. That I attended deceased from 20, 1932, tn
6. DATE OF BIRTH (month, day, and year)	Hast saw here alive on March 2, 3, 1932; death is said
7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, at 6.26 Pm.
7 / 80 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Mujocardilis Date of onset
o kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Touse Reserve	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this necuration (month and	0
Do Date deceased last worked at this occupation (month and year)	
\$ 0 0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	,
13. NAME Unburne	
13. NAME Unburner 14. BIRTHPLACE (city or town) Lugland	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there on autopsy?
15. MAIDEN NAME Zurkuru	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city er town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mrs. Framier Barrell (Address) 113 Leland St Ch. Ch. Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oak Hell-AC Date March 76, 1932	Nature of injury
19. UNDERTAKER UM Peubey Pumphing (Address) Po Shully med	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Man 25, 19 32 Bery C. Perry Registry	(Signed) Duy (. + lm, M. D. (Address) Pollinde M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis APR 5 1932		Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURGAU V.	S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ACE should be stated EXACTLY, PHYSI-that it may be properly classified: Exact IT RECORD BINDING PERMAI ITH UNFADING INK--THIS IS A FOR of information should be carefully supplied. MARGIN RESERVED

V. S. No. 1

	1	
8 8	PLACE OF DEATH	STATE OF MARYLAND
XX /	I m T	
TT /	County //msqomery	CERTIFICATE OF DEATH
- 0/	16 /21	Registration Dist. No. 223
7.4	7 Pl 22 m	10
F.S.	Village or City/a/Roma lark (No. 230 Ma	St.: Ward) (If death occurred in
as e	1/10. 0 011	tion, give its NAME in-
y cl	2 FULL NAME William Mc Coler	nend wall stead of street and
man No-	FOLL NAME MOMONIA	number.)
oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GEOGRAPHICA
and Sur		MEDICAL CERTIFICATE OF DEATH
200	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Man. 4 1932
0 0 × 0	Middle WIDOWED The Target.	1952
ald bad	Mule Write the word Manuel	(Month) (Day) (Year)
hould t may on bag	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
0 + 5	H. n ves	mas. 4 1932. 60
4 97	NIC. 1832	
020	(Month) (Day) (Year)	that I last saw have alive on were 4 , 193 2.
A o t	7 AGE [If LESS than	and that death occurred on the date stated above, at 3,30 fm
	20 2 1 day hrs.	The CAUSE OF DEATH * was as follows:
Ile mst	yrs. he mos. he de. or min.?	Coronary Selerasin
d o	8 OCCUPATION OL A O	
Sec	(a) Trade, profession or	·····
>=	particular kind of work / UMA // UMAMA	
n pla	(b) General nature of industry business, or establishment in	0 1 7
taire	which employed or (employer)	(Duration) yrs. mos. ds.
SATH in plainmontant.	9 BIRTHPLACE	Contributory
ATA	(State or country)	Seeondary
- L	I MM.	Duration yrs. mos. ds.
Ed y	TO NAME OF M	(Signed) M. D.
OF Ve	aioral 11. Mays	1 20 1 132 101 6811 5th -1 200.
E G	11 BIRTHPLACE)444. 4 1922 (Address)
COZ	Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
CAU	TI MAIDEN NAMPO	Accidental, Suicidal or Homicidal.
ATC	of MOTHER MALONIA MINORIA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
무하다	a many and of which	ients or Recent Residents)
infor state ccui	OF MOTHER Soyk aboard whip	At place In the
1 po	(State or Country) bound In 11. 4.	of death yrs mos ds. State yrs mos de.
of of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
F 0 0	0 4/1. 12 0	Former or
sho sho	(Informant) Mrs Matheune L. Mr Mary	usual residence
FOE	and the second	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every item CIANS sho statement	(Address) 230 - Maple live.	Mon shares to A.L. 3/7/ 32
CIA	10/	Alaman () () () () () () () () () (
1 0	15 Filed Mar 6 43702 Stat Jogers	20 DESTAKER ADDRESS OF
m (T	Registrar	the & M Manes 60 Mash. Do
ż U	If more hunks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	i we will a amount men transmit memora and profession	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screent, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective or fulness of various pursuits can be known. The questo report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physicium, Compositor, Architect, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material Laborer--Coal mine, etc. Wom-Locomoline engineer, not gainfully em-(6) Grocery

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria avoid use of "Croup"); *Typhoid fever (never report "Typhoid Pneumonia"); *Lobar pneumonia, *Bronchopmeumonia ("Pneumonia,")

> approved by Committee on Nomenclature P(Recommendations on statement of cause of American Medical Association.) as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The n:ture of the injury, accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Examples: Accidental drowning; Struck by railway train Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronic etc. The contributory valvular heart disease,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

15

Filed

(Year)....

deaths from

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal minc, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The not gainfully em-Grocery;

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1932

V. S. No. 1

0	5	6.	6 4	1
11	1.	14	31	
V	4	U	V	1.00

1. PLACE OF DEATH	_	(/31)	
County Montgon	ury	Registration Dist. No	223
Village or City Takenna Length of residence in city or town whe	Park 2	No 202 Maple Give (If death occurred in a hospital or institution, give its NAME instead of st mos. ds. How long in U.S. if of foreign birth?	
2. FULL NAME Mary (a) Residence: No. 202	Elizabeth Maple ave (Vaual place of abode)	Hergesheimer Takbren Phwardraf. If nonresident give city or	
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DE	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOW OR DIVORCED (purite the wo		, 193 2
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I	attanded decaased from
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	March 12, 186 Days If LESS 1 day, or mi	Than to have occurred on the date steted above, at	19.32; death is said
year)	11. Total time (years) spent in this occupation	Other Coutributory Causes of Importance:	193
(State or country)	ish. D. E.	Coma	1 day
14. BIRTHPLACE (city or town) (Stata or country)	umantour.	10.0	Dete of
15. MAIDEN NAME Clc 16. BIRTHPLACE (city or town) W (State or country) 17. INFORMANT Mrs. Mrs. (Address) 2 a 2 m along	orn ash, D. C. Lyon le She, Takoma P.	23. If death was due to axtarnal causes (VIOLENCE) fill in elso the Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU	y, 19, y and State)
18. BURIAL, CREMATION, OR REMOVAL Place Wash & D. S.	Date Mar. 10, 1	Manner of injury	
19. UNDERTAKER MORALES (Address) FOD Chaper 20. FILED May 10 1932 JA	ambers Co	24. Was disease or injury in any way related to occupation of dece If so, specify (Signed)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebrol hemorrhage	July 5, 1927	Peritonitis	3 doys ago
	التاا		
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 yeor

S. No.

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	1 1		
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Gallstones	May 1,1923	Gastroenteritis	1 year

nfor- state	STATE OF MARYLAND—	CERTIFICATE OF DEATH (12993)
	1. PLACE OF DEATH	(59)
ould occi	County mont gomeny	Registration Dist. No. 2/1.
item of should of OCC	Village or City Bunklows	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredOyrsOmos.	
ECORD. Every PHYSICIANS tact statement	2. FULL NAME mathew Berna	rd Holland
D. E	(a) Residence: No. Brinklow, Md.	St., Ward.
ORI HY	(Usuai place of abode)	If nonresident give city or town and State
KECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
	male A. A. Seing & School (1971)	March 29 1932 (Month) (Day) (Year)
9 8 1 8	5a. If married, widowed, or divorced HUSBAND of	22. i HEREBY CERTIFY. That I attended deceased from
MAI A C assi	(or) WIFE of	march 15, 1932, to march 29, 1932
A SKT.	6. DATE OF BIRTH (month, day, and year) march 15, 1932	I last saw him alive on Thank 28 , 1932; death is sald
R B B I B I B I B I B I B I B I B I B I	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . 6. 9. 6.m.
FOR B. IS A PE stated E properly certificate	0 0 14 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows: Date of onset
- 70	8. Trada, profession, or particular kind of work dona, as SPINNER,	11. P.O. O Haman Park 3 24.
RESERVED G INK—THE that it may be ons on back of	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and spent in this	untilical Newsontage 3:26
SERVI NK-T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, atc.	
E SE ST ON		
N RESOLVE IN AGE so that ctions o	year) occupation	Other Contributory Causes of importance:
	(State or country) Wontgowers had	Promaturit
MARGIN WITH UNFADI efully supplied. in plain terms, so ant. See instruct		1. Emanual
UN Upp ter ter	13. NAME Joseph Neugent 14. BIRTHPLACE (city or town) Brinklow State or country)	Name af operation Data of
M. I'H I I'Y su lain t	(State or country) md,	What test confirmed diagnosis? Was there an autopsy?
WITH WITH sefully in pla	15. MAIDEN NAME Beatrice Holland	23. If death was due to external causes (VIOLENCE) fill in also the following:
14 A	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
AINLY, DEATH y import	(State or country) (Lehlan, VIA	Whera did injury occur? (Specify city or town, county and State)
ADDA	17. INFORMANT Dealing Hotland Wother,	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OB REMOVAL TO MAN 29 32	Manner of injury
	Place Was Date 120, 19 ca	Nature of injury
LA TICA	19. UNDERTAKER HARMAN CHAPPINEY	24. Was diseasa or injury in any way related to occupation of deceased?
S. N.	20. FILED Mar 29, 1932 CBarnsley.	(Signed) Webster Sewell M. D.
7 4	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Canalogue	May 1,1925	Tusa venur ms	1 yea

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
Infant deceased was prematurely born at approximately	
seven montas (in utero). Lord off on 3.23.32 port nalal 8 days	
Unbilities unhealed of this of death. Possible hemanbagic diether	_

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
CountyMontgomery	Registration Dist. No. 523
Village or City Takoma Park	No. 203 Carroll Ave St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Sarah Elizabeth Jackso	n
(a) Residence: No. 203 Carroll Ave. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WILCOW WILCO	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBARD of Israel M. Jackson	22. I HEREBY CERTIFY. That I attended deceased from 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day,hrs. 7 23 Ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER; etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and this pocupation (month and this pocupation (month and spent in this seent in this	Mast saw h a alive on 1,19.3 ; death is said to have occurred on the date stated above, at 12:10 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
10. Oate deceased last worked at this occupation (month and yaar)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town). (State or country) Unknown	Name of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME Sarah E. Parris 16. BIRTHPLACE (city or town) (Stata or country) · Maine 17. INFORMANT Lucretia Jackson (Address) 203 Carroll Ave.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
18. BURIAL, CREMATION, OR REMOVAL Place Wash Dec. Date Mar. 18., 19.32.	Manner of injuryNature of injury
19. UNDERTAKER Jhe S. H. H. Wash. 20. FILED March 16, 19 3 2 26 Rog Prs. Registrar.	24. Was diseasa or Injury In any way ralated to occupation of deceased? If so, specify (Signed) (Address) (Address) 24.11 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

rincipal cause of death and related causes ortance were as follows: of epilepsy	Date of onset
	1 ween ago
er by street car	1 week ago
ilis	3 days ago
	1 year
	contributory causes of importance:

		LY, PHYSI-
NDING	-THIS IS A PERM "YENT RECORD	ierms so that it may be proporly classified. Exact elems to that it may be proporly classified. Exact
VED FOR BINDING	-THIS IS A P	pplied. ACE silerms so that i

	62995
PLACE OF DEATH	STATE OF MARYLAND
County Hamil	CERTIFICATE OF DEATH
x 11.	Registration Dist. No. 2/3
Village or City W (No	St: Ward) (If death occurred ling hospitul or institution, give its NAME in stead of street an
2FULL NAME OF ALLASI	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. Married OR DIVORCED (Write the word)	16 DATE OF DEATH NO. 1932. (Month) (Day) (Year)
DATE OF BIRTH	HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw he alive on Man 10 , 1923?
7 AGE If LESS than	and that death occurred on the date stated above, at 4 m
I dayhrs.	The CAUSE OF DEATH * was as follows:
de. or min.?	comme suprements
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yr mos ds
B BIRTHPLACE	Contributory Chunic Replietts
(State or country)	Multinous (Durglion) you mos ds
10 NAME OF	(Signed) 0 7 Hawks M.D
FATHER WWWWW	10-1.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TI 12 MAIDEN NAME	
of MOTHER Children	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsds. Stateyrsds Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Oher thuson	usual res.dence
(Address) Probable and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3-13. 193.
Filed 3/13 19\$2 mg. W. J. Rall Registras	20 timbertaken Annal Appress kull
Nogotiu.	mo

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton additional line is provided for the latter statement; it tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enworked on may form part of the second statement Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman, (6) Grocery;

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Ellan Roman

tetanus) may be stated under the head of "contributory." approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ('E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. use of "Tumor" for malignant neoplasms); ingcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, (Recommendations on statement of cause of death Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF	MARYLAN	D-CERTIFICATE	OF DEATH
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1		6.	6.	13
6	6	3	13	b
0	-00	0	0	. /

1. PLACE OF DEATH	82-0
County Moulgoinny	Registration Dist. No. 211
Village or City Carlellens	NoSt., Wa
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?
ED & DIO D	us
2. FULL NAME Colegabethe John	wor.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WOOWED, OR DIVORCED (write the word) **Timeale.** Colored Nedocre d.	21. DATE OF DEATH Men 30 19332 (Month) (Oay) (Year)
a. If married, widowed, or divorced	
HUSBAND OF Charles Johnson	22. I HEREBY CERTIFY. That I ettended deceased fr
DATE OF BERTH (month, day, and year) OMA 0 1859	I last saw h alive on, 19; death is
AGE Years Months Days If LESS than	to have occurred on the data stated above, at _ [D_a_m]
/2 1 1 1 1 1 1 1 1 1	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind oil work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	General Dehebry
9. Industry or business in which work was done, as SILK MILL,	Probably Cerebral heavordage.
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Ow & R.
2. BIRTIPLACE (city or town) Frederich Comply	Other Contributory Causes of Importance:
(State or country) Mary land	
13. NAME Asuferown lo ma. 14. BIRTHPLACE (city or town) Mukenown to me. (State or country)	
14. BIRTHPLACE (city or town) Sunkerown to the	Nama of operation Date of
The contract of the	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Confession to me	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Andrew to me	Accident, suicide, or homicide? Date of injury, 19
(State or country) unknown to me	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Charles Charge made	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Rucky Hill med Oate Copy 4th, 193:	Manner of Injury
9 UNDERTAKER & Contine	24. Was disease or injury in any way related to occupation of deceased?
(Address) Faithers burg med	If so, specify no for Frequet
The William Exercis	(Signed) William & Lewis Foeal lage
20. FILEOCIFY 19 02 / Lead Registrar.	(Address) Clarks burg me

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonîtis	3 days ago
RURALIVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. Statement of Occupation-Precise statement of oclaborer, Foreman, For many occupations a or At Home, and children, Farm laborer, (6) without more precise specification as Day Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material For persons who have no occupation Laborer-Coal mine, etc. single word or term on not gainfully em-The ques-

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid, fever (never report "Typhoid Pneumonia"); Lobar pheumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. use of "Tumor" for malignant neoplasms); Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid cough; Chronic etc. valvular heart Always qualify all The contributory Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Montgomery	CERTIFICATE OF DEATH
	Registration Dist, No. 218
Village or City of Journalle (No. 2FULL NAME Williams 7	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colord Shingte, Married Wildowson, Worker (White-the word)	16 DATE OF DEATH / March 3/ , 1982 2 (Month) (Day) (Year)
6 DATE OF BIRTH 4 , 1874	17 I HEREBY CERTIFY, That I attended the deceased from 2nash 3 1 1932 to Man 31 1932
7 AGE (Month) (Day) (Yest) 7 AGE If LESS than day hrs. day hrs. or min.?	
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration)
10 NAME OF FATHER Michilson Long 11 BIRTHPLACE OF FATHER (State or country) Manyland	(Signed) — (Duration) — (M. D. D. M.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Mayford	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) Coma Long	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) le asthirsling met	Brock Front Johnson 1982 20 UNDERTAKER DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL
Filed for 3 193 2 Specify Registrar If more banks are needed, address State Registrar	Roy W Barber Lathersburg, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Luglaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupationtired 6 yrs). definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully cm-ployed, as At school, or At home. Care should be taken household only (not paid Housekcepers who receive a report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) For persons who have no occupation Automobile factory. The material -Precise statement of oc-6) Grocery;

Statement of Cause of Death—Name, first, the Distract Causing Death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal capture (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," ("Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (sccondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY approved by Committee on Nomenclature American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

It this certificate is looked over thoroughly and all qu stions an evered in detail, it will prevent further correspondence. All the dark is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state ECORD. Every item of infor-Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANEN properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be N. B.-WRITE PLAINLY,

V. S. No. 1

of OCCUPA-

County monde	9			Registration Dist. No. 212		
Village or City_P	voluville.			No.	# N O O O O O O O O O O O O O O O O O O	_St,War
		leath negured			tal or institution, give its NAME instead of in U.S. it of foreign birth?yrs	
2. FULL NAME		J. (Linking)		Ot 197	4	Hel bidw
(a) Residence: No.		(Usual place	e of abode)	St., War	f nonresident give city or	
PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDI	CAL CERTIFICATE OF DE	EATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)			21. DATE OF D	EATH Mouth (Month) (Day)	, 193 2 (Year)	
a. If married, widowed, or d HUSBANO of (or) WIFE of	livorced			22. MAL	REBY CERTIFY, That I	28 19.3
. DATE OF BIRTH (month,	day, and year)			I last saw h a	livo on	, 192 ; death is sa
7. AGE Years	Months	Days	If LESS than I day,		e date stated ebove, at	,
8 Trade profession or particular				abort	ontonions	Oate of onse
kind of work dor SAWYER, BOOK 9. Industry or business work was done, SAW MILL, BAN this occupation (as SILK MILL, K, etc					
10. Oate decesed last this occupation (month and	sp:	time (yeers) ant in this cupation			
12. BIRTHPLACE (city or tow (State or country)	vn) Pooleswil	le, mo	L	Other Cantributory Can	nees of Importance:) (mr 10)
	v Puliw					
13. NAME PARTIES 14. BIRTHPLACE (city of (State or country)	r town) md	Q			agnosis? Wes	
15. MAIDEN NAME	Cours P Po	athers			external causes (VIDL ENCE) fill in also th	
15. MAIOEN NAME (Leve P. Postlere) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Putter Release (Address) Overlesselle md 18. BURIAL, CREMATION, OR REMOVAL Place Date 19			Accident, sulcide, or homicide? Date of injury, Where did Injury occur?			
			(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.			
19. UNDERTAKER(Address)					ry in eny wey releted to occupation of dec	
	8,1932 -	Ew,	while Registrar	- 1	Ewher	e L

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	T WITH COLUMN TO THE COLUMN TO	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

/	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA-	1. PLACE OF DEATH	(93-0)
/ /	County Hondsomery	Registration Dist. No. 2110
item of should of OCC	Village or City Chroy Trock. (If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
70	Length of residence in city or town where death occurredyrspos.	ds. How long in U.S. if of foreign birth?yrsmos ds.
RD. Every YSICIANS statement	2. FULL NAME //aggul Vyster	
. = =	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
F. E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mar. 30 , 1932 (Yaa)
ANE A C T ssifted	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HUSBAND OF HUSBA	22. HEREBY CERTIFY, That I attended deceased from 19 30 to 200 3 019 3 7
	Don't Arum 1858	I lest sauch ralive on Man 1/ 193 Z-death is said
A 2. T.	6. DATE OF BIRTH (month, day, and yeaf) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, et 936 cm.
IS A I stated properly	74 - 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
he st be pr be pr of cer	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic muscalton
ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Jam
E	SAW MILL, BANK, etc	1938
Ha to	this occupation (month and spant in this occupation coupation	
AG AG so that	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
H	(State or country) If fliry land.	
ITH UNFAI	13. NAME Offery M/ Lee.	
H U sur	14. BIRTHPLACE (city of town)	Name of operation Date of
WITH efully in plai	(State of county)	What test confirmed diagnosis? Was there an autopsy?
	15. MAIOEN NAME	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
car TH ports	16. BIRTHPLACE (city or town)	Where did injury occur?
190 2	17. INFORMANT And Shall. (Address) Cancry Trace	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
OF Very	18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
	Place & mary From Dole 1982 1932	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER 9. VE. Pumphhey (Address) Rockfillel, Md.	24. Was disease or injury in environment of deceased?
Z (S)	20. FILEO afr. 1 , 1932 Rachel von Etchion	(Signed) (Address) (Address)
(1)		2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis C -	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
APR 6 1932				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (3001
1. PLACE OF DEATH	(131)
County Moulgonize	Registration Dist. No. 2/3
Village or City Packwolle	No. St., Ward
Length of residence in city or town where deeth occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mollies Wilson	Magnider
(a) Residence; No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 15 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Omos William Magrudes	22 HEREBY CERTIFY, Thet I attended deceased from
0 0 20-184-4-	19.0 - 10.00
7. AGE Years Months Oays It LESS than	I lest saw here elive on Mrs (3 , 19 3 2 death Is said
7. AGE Years Months Oays It LESS than 1 dey,hrs.	to have occurred on the date steted above, at
or min.	were es follows:
8. Trade, protession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	e Mila
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
mand	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / / / / (State or country)	Chronic nephritis
13. NAME Os bone Sprigg Wilson	
13. NAME OS borne Jerigg Wilson 14. BIRTHPLACE (city or town) Mary longed	Neme of operation Oete of
(State of country)	What test confirmed diagnosis?
15. MAIOEN NAME Phyabrity Ball when	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) I manyland	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Miss manda Wilson (Address) Beitrisda Manifand	Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMDVAL 1- and March 18, 19 32	Menner of injury
May Park To Aline	24. Wes disease or injury in any way related to occupation of deceased?
19. UNDERTAKER WW Factories might will (Address)	tf so, specify
20. FILED 3/18 1932 mrs. 24 J. Prace-	(Signed) . Lytaw A. M. D.
Registrar.	(Address) Olo houly and

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			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	ADD 17 1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	ikis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	BUREAU V.S	July 5,1927	Peritonitis	3 days ago	
	The state of the s				
Other contributory cau	ises of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

63002 STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No.

	Village or City Dan	made	scc. (II	death occurred in a hospital or institution,	Sive its NAME in the LaCour	t.,Ward
	Length of residence in city or town when	a death occurred 29		ds. How long in U.S. If of for		
	2. FULL NAME Emm	in Gar	therine	miles		
	(a) Residence: No.	(Usual place o	of abode)	St.,Ward.	If nonresident give city or tow	vn and State
	PERSONAL AND STATIS	TICAL PARTIC	CULARS	MEDICAL CER	TIFICATE OF DEAT	ТН
3.	SEX 4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH	narch 12-	, 198 <u>2</u> (Year)
5a	HUSBAND of Corners of Wife of	anklint	miles		ERTIFY, That I att	ended deceased from
6.	DATE OF BIRTH (month, day, and year)	uly 3.1	856	1 1 -	- /	deeth Is sale
7.	AGE Years Months 75 8	Days 9	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated ab The PRINCIPAL CAUSE OF DEATH at wera as follows:		e Date of enset
VOIL	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Houses	vork	Acute dil	station of bear	uf 2 days
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total tin	na (years)			
	this occupation (month and My year) BIRTHPLACE (city or town) (State or country)		tin this life	Other Contributory Causes of importan	seardito	unferore to me
ATHER	13. NAME Thomas	Rabby	t			
FAT	14. BIRTHPLACE (city or town)	rong, to	0.	Nama of operation		e of
02	81.	I SA PROB.	-/-	What test confirmed diagnosis?	Was ther	re en au opsy?
MOTHER	16. BIRTHPLACE (city or town) (Stata or country)	nouls. E	o;	23. If death was due to external causes Accident, suicide, or homicide? Whera did injury occur?(Specify whether injury occurred in INI	Data of injury	, 19
	(Address) Damas	cus, 1	ind.			
18	BURIAL, CREMATION, OR REMOVAL Place Samusius 62	Date Meh.	14,1932	Manner of injury		
19	UNDERTAKER 1 3. 13e	ell In	md.	24. Was diseasa or injury in any way re	lated to occupation of decease	ed? ho
20	FILED Onas . 14 , 1932 D	ula N.B	andett.	(Signed) (Address) DB	massus	md, M. E

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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BURRAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	--------	---------	------------	----	-----------

S. No.

Exact

	PLACE	OF DEAT	H			
	County In	ntgon	ner	7		
	•	0,	/		•	
Vil	lage or City_	Chroy	Cha	SE (No. 62	.05- C	m
				atoth	1 1	w
-	PERSON	AL AND S	TATIST	ICAL PARTIC	CULARS	
4	Em ale	4 COLOR O			married	16
	DATE OF BIRT		u	(Write the Wo	ra)	17
0 1	AIL OF BIRT		ne	23-	150	
		1	(Month		(Year)	the
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(a) Trade, prof articular kind	ession or	Na		2	
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RENTS	OF FATHE	ÇÉ .	Ohr			-
PARE	12 MAIDEN I	R Ely	yabe	the has d	King	16
	13 BIRTHPLA OF MOTHI (State or C	R Country)	Va		0	At of Wi
14			1	T OF MY KNOW	VLEDGE	if For
	(Informant)			phy		usu
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15	Filed 3-	- 18-19	30 t	homask	homas	20

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

Ward) (if death occurred in a hospital or institution, give its NAME is stead of street and

number.)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March	18 = 1932
	(Day)(Year)
7 O HEREBY CERTIFY, That I at	tended the deceased from
Jan. 5- 1932. 10 m	
nat I last saw h Er alive on me	h 174, 1923]
nd that death occurred on the date state	
he CAUSE OF DEATH * was as follows:	, -
Chromic myo-Card	tes
	030000000000000000000000000000000000000
**************************************	2
(Duration)	
Contributor acute ditetation	Cardiac faile
(Purptign)	yrs mos lhr de
igned) Edum O. Loth	
mcl 18 19231 (Address) 70 s	ACht M
*State the liscase Causing Death Violent Causes, atate (1) Means of l Accidental, Suicidal or Homicidal.	or, in heaths from njury and (2) Whether
LENGTH OF RESIDENCE (For Hosp	itals, Institutions, Trans
ients or Recent Residents)	e
t place in the death yes	atads
here was disease contracted, not at place of dea.h?	
ormer or ual residence	
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hash D.C.	3-21, 1932
OUNDERTAKER	ADDRESS
This Diegem.	Hash. D.C.

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits ean be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia nature of the business or industry, and therefore an tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired-6. grs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEA. CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL perilonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atie), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was underean be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY interstitial nephritis, or intereurrent) Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not be

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ECORD. Every item of inforshould state of OCCUPAstated EXACTLY. PHYSICIANS Exact statement WITH UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	005
1. PLACE OF DEATH -	(131)	UUI
County Monlgomery.	Registration Dist. No. 2/	3
Village or City Rochfrele	NoSt.,	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and num	
Length of residence in city or was where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME POST	/	
(a) Residence: No.	St., Ward. If nonresident give city or town and St.	
(United place of abode)	MEDICAL CERTIFICATE OF DEATH	ate
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
male Cal OR DIVORCED (write the will)	William DA)	193. 2 (Year)
5a. If married, widowod, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended de	ceased from
Markenn -	I last saw ham alive on one 20, 1952;	
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	
8 Trade profession or particular	were es follows:	Date of onset
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Churine My condition	1/2/3
Industry or business in which work was done, as SILK MILL,		//
SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and Williams spant in this year)		
1/112	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (Stete or country)	Dlane Carolina Tin	Market
	Guara and Constant	
E	Name of operation Dato of	
14. BIRTHPLACE (city or town) (State or country)	Name ef operation Date of What test confirmed diagnosis? Was there an aut	onev?
15. MAIDEN NAME Ellen Werren	23. If death was due to external causes (VIOLENCE) fill in elso the following:	орзу:
E IN DISTURBLE OF THE PROPERTY	Accident, suicide, or homicide? Date of Injury	19
16. BIRTHPLACE (city or town)	Where did injury occur?	
17. INFORMANT 94. Showdon	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
(Address) A Partie 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Rochulle, md Date March 23, 1932	Neture of Injury	
GS man Sugurdon	24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER Ground Succeeding (Address)	If so, specify	
22 m. 26 7 6 00-	(Signed) 2- Haw Ki	
20. FILED 3/23 , 19.37 Registrar.	(Address) A chorte Das	d

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURKAU V. 8.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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	Y.	e c	AT	Do	
	AII	1 5	OE.	ii.	
1	12	uk	I	ery	
		shc	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUI	TION is very important. See instructions on back of certificate.	
	E	n	SE	1	
	VR	tic	n	0	
	1	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	C	E	
	B				
- Pare	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEM RECORD. Every item of in				
7					

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Montgomers Village or City Dear Change Change	Registration Dist. No. 216
2. FULL NAME Alexander Fullerton (a) Residence: No. 6530 Maple ave.	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
(Usua place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widower William	21. DATE OF DEATH March 15 (Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND of (or) WIFE of Edith Staule Present	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Y B Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Month Y Day If LESS than 1 day, hrs. or rain.	1 1 1 1 1 1 1 1 1 1
95. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) (State or country) 13. Industry or business in which work was done, as SILK MILL, spentially spe	Other Coutributory Causes of Importance:
13. NAME Edward Bowen Present 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Mary Richardson Hill 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) Dodgemon - Bretherder Mod	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(Address) Dodgemon - Delliefer Mc 18. BURIAL, CREMATION, DR REMOVAL Placet of Christia Umon Prypate March 18, 1932)	Manner of injury
19. UNDERTAKER UM. Paubey Tumpoliney (Addiess) Rochycella mod find	24. Was disease or injury in any way related to occupation of decoasad?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 11 11 11 11 11 11 11 11 11 11 11 11 1			
Other contributory causes of importance:	a me	Other contributory causes of importance:	(6)
Gallstones	May 1,1923	Gastroenteritis	1 year
THE RESIDENCE OF THE PARTY OF T			

or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	
of of	County Monty.	Registration Dist. No. 2/2
	Village or City IVVIII	NoSt.,Ward
m - 0 /	27	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
CORD. Every PHYSICIANS ict statement	2. FULL NAME Jennie Py	Poa
E E E E E E E E E E E E E E E E E E E		St., Ward.
ECORD. PHYSI	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
F E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH MAA 15 193 2 (Year)
BINDING FERMANEN EXACTI y classified.	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1930 to Man 15 1938
BINJ ERM EX.	6. DATE OF BIRTH (month, day, and year) Unliverse	Plast sawher alive on 20 1 15 , 19.32; daath is sald
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4,3 DPm
FOR IS A I stated properle ertifica	about 82 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 10	8. Trade, profession, or particular kind of work done, as SPINNER, Learnstress SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	nephores dutivation 1929
	9. Industry or business in which work was done, as SILK MILL,	
VK-T Should it may	U 10, Oate deceased last worked at 11, Total time (years)	
RESE IN AGE SI that it	this occupation (month and 1925 spent in this 534	
Z	12. BIRTHPLACE (city or town) Professible	Other Coutributory Causes of importance:
ARGIN UNFADIN pplied. A terms, so t	(State or country)	
IARC UNF. upplie terms	13. NAME Richard Pylls	
o thick	13. NAME Richard fylls 14. BIRTHPLACE (city or town) Md	Name of operation Oate of
1 1 2	(State of County)	What test confirmed diagnosis? Was there an autopsy? No
INLY, WITH be carefully EATH in pla	15. MAIDEN NAME Lusan Benson	23. If death was due to external causes (VIOLENCE) fill in also the following:
car CH orts	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
AINLY, d be cal DEATH y import	(State or country)	Where did Injury occur? (Specify city or town, county and State)
PLA nould DF DI very	17. INFORMANT / Comment of the first of Charge Charge	Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
Should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Placa Brallasallo Date Man 17, 1932	Nature of injury
WRING Mation CAUSI	19 UNDERTAKER Wiltry & Hall	24. Was disease or injury in any way related to occupation of deceased? No
9	(Address) Prolifich	If so, specify
S. B.	20. FILEO Man 17, 1932 & Withefe	(Signed) Ew white
Y Z	Registrar.	(Address) Prollavilla ma
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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I	Example I		Example II	
The principal cause of de of importance were as follows:	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	ACR 4 1932	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis		1921	Run over by street cor	1 week ago
Cerebral hemorrhage	BURRAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 yeor
	•			

	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2011 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1.7/100

DERTIFICATE OF DEATH
(23)
Registration Dist, No. 216
No. St., Ward leath occurred in a hospital or institution, give its NAME instead of street and number)
ds. How long In U.S. If of foreign birth?yrsmosds.
- D 1
, Mela
St., Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
(Month) (Oay) (Year)
1 HEREBY CERTIFY, That I ettended deceesed from
tebruary 3, 1932 10 Mole, 2nd, 1922
I last saw him hive on Mcl 2 - 2 - 1927, death is seid
to have occurred on the dete steted above, at fig. m.
The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
Juher rulo Les
of the lungo. Mukuaw
19 aw
Other Custributory Causes of Importence:
00 : 5 1994
Chronic (mocardin "
Name of operation Trans Dete of
Whet test confirmed diagnosis? Westhere en autopsy?
23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
Accident, suicide, or homicide?
Where did injury occur?
(Specify city or town, county and State) Specify whether injury occurred in TNOUSTRY, in HOME, or in PUBLIC PLACE.
Specify whether infully occurred in thousant, in Home, or in Public Place.
Menner of Injury
Nature of injury
24. Wes disease or Injury In any way releted to occupation of deceesed? 240
If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterilis	1 year	

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH	TATE OF	MARYL	AND-	CERTIFICATE	OF	DEATH	6301	-
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1. PLACE OF DEATH	<u>(K2</u>)		
County Monkgamery	Registration Dist. No. 223		
Village or City As Kassa Tark	Notices Ring Lon Saultaxin me 11 9 Sartah Ward f death occurred in a horbital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrs,mo	s. 19 deat How long in U.S. if of foreign birth? yrs. mos. ds.		
2. FULL NAME Mrs LINAE R. Ridgway	- CASE		
(a) Residence: No. 13 ran Ehr; Ne (Usual place of abode)	St., Ward. Mary Land. Thomresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Tremane White Marrie &	21. DATE OF DEATH March 15 198 2 (Month) (Day) (Year)		
5a. If married, widowed, or divorced			
(or) WIFE of Charles Ridgway	22. 1 HEREBY CERTIFY. That I attended deceased from 1932, to March 15., 1982		
6. DATE OF BIRTH (month, day, end year) Copr. h 15 1856	I last saw here alive on Maxe 15 , 1932; doath is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et_6.5.0.P.m.		
75 // 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc.	Servil Dermenter Day 1922		
9. Industry or business in which	Jan 1932		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
ting occupation (month and			
year) 14.31 occupation 3.0 Av	Other Coutributory Causes of importance:		
12. BIRTHPLACE (city or town) Dalto. Mary hand. (State or country)			
13. NAME Thomas Id Sylvester			
14. BIRTHPLACE (city or town) Mary Fand.	Name of operationDete of		
(State or country)	What test confirmed diagnosis? Chinical Symptons Was there en au opsy?		
15. MAIDEN NAME Susan Hansen	23. If death was due to external causes (VIOLENCE) fill in also the following:		
5 16. BIRTHPLACE (city or town) Balto. Mary Land	Accident, suicide, or homicide?		
(State or country)	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Washington Sanitarium Tecurds	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18, BURIAL, CREMATION, OR REMOVAL ACTION AND	Menner of injury		
Place Landen Parks md Date Meh 18, 19 32	Nature of injury		
19. UNDERTAKER J. Jasche Gors	24. Was disease or injury in any way related to occupation of deceased? Lo		
(Address) Effassivelle, Md	If so, specify		
20. FILED Man 15 B32 A Special Registral	(Signed Surat Allerson - Suraton M. D. (Ardress) Jahoma Farl mid:		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
. 200 202120			
Other contributory causes of importance:	+ 4 4 5 4	Other contributory causes of importance:	lina natio
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Z

PLACE OF DEATH	STATE OF MARYLAND
County / NAWGOMEN	CERTIFICATE OF DEATH
R. Mr. A. M.D.	Registration Dist. No.
Village or City More (No. 2FULL NAME Carle H. No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Muried Wilder OR DIVORGED (Write the word)	16 DATE OF DEATH May N-Th , 1932
6 DATE OF BIRTH Cugust 9, 1894 (Month) (Day) (Year)	17 I HEREHY CERTIFY, That I attended the despised from May 1 4 193 2 to May 15 -, 193 2 that I last saw handlive on May 193 2
7 AGE 3 7 yrs. 7 mos. 6 ds. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Juliug. Lugs. glands + Juliugs. glands + (Duration) Z yrs. mos. ds.
9 BIRTHPLACE (State or country) West Unamid	Contributory Secondary (Duraidan)
10 NAME OF G. B. Rudeffer	(Signed) 192 (Address) 13 30 - 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lieg Steprill 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs descentracted, if not at place of death?
(Informant) Plovence G. Rudeffer. (Address Brookmant, Md.	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL OR REMOVAL 3/17 , 1932
Filed Man 13 1982 Buj C Persel	20 UNDERTAKER ADDRESS VIONAL 1. ablre Mash D.C.
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmor or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (freor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Physician, etc., Foreman, Or. especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Form laborer, At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, (b) For persons Automobile Loborerwho have no occupation. factory. The material -Coal minc, etc. Locomolire (b) engineer, Grocery, Wom-

Statement of Cause of Death—Name, first, the pissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL pertlonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n-ture of the injury, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be (secondary or intercurrent). Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; as, fracture of skull, and consequences (e. g., scpsis, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undereausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, American Medical Association. approved Recommendations on statement of cause of (cignus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on cough; indefinite); Tubcrculosis of lungs, men-Chronic etc. The contributory volvular heart Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

See instructions on back of certificate.

TION is very important.

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	item
	Every
•	ECORD.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEATH				
	County Montgomery		<u>(S)</u>	Registration Dist. No. 217	
	Village or City_nrSand.y Length of residence in city or town where d		(If	No. St., death occurred in a horpital or institution, give its NAME instead of street and by ds. How long in U.S. If of foreign birth?yrs,	
	2. FULL NAME June Sha (a) Residence: No. Sandy S	rpe (be		St., Ward. If nonresident give city or town an	d State
private	PERSONAL AND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Female Black	5. SINGLE, MARR OR DIVORCED Single	(write the word)	21. DATE OF DEATH March 13, (Month) (Day)	2, 193 (Year)
5a.	If marriad, widowad, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, Thet I attended	
_	DATE OF BIRTH (month, day, and year) M AGE Years Months STILLBORN	arch 13,	1932 If LESS than 1 day,hrs. ormin.	I last saw h alive on, 19 to heve occurred on tha date statad ebova, atm. The PRINCIPAL CAUSE OF DEATH and ralatad causas of importance ware es follows:	; death is said
OCCUPATION	kind of work dond, as SPINNER, SAWYER, BOOKKEEPER, atc. 9-Industry or business in which work was dond, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and year) BIRTHPLACE (city or town) Sandy.	occup	na (yeers) tin this vation	STILLBIRTH Other Contributory Causes of importance:	3/13/3
FATHER	13. NAME Roland Sh	<u> </u>			
_	14. BIRTHPLACE (city or town) Balti (State or country)	more d.		Name of operation Date of, What test confirmed diagnosis? Was there an	
MOTHER	(State or country)	tgomery Md.	Co.	23. If death was due to external causes (VIOLENCE) fill in elso tha following Accident, suicide, or homicide?	, 19
	INFORMANT Roland Shar (Address) 2018 Calhou		lto.Md.	Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P	LACE.
18.	BURIAL, CREMATION, OR REMOVAL Placa Sharpe St.Cem	Date 3/15	5/32 ,19	Mannar of injury	
19.	UNDERTAKER Roland Shar (Addrass) Sandy Spp	ing, Md.		24. Was disaase or injury in eny wey related to occupation of deceased? If so, spacify	
20,	FILED 3/13/32 ₁₉ C.	S. Barns	ley Registrar.	(Signed) Milheum & Summing L.	M. D.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none. RECEIVED

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

4/5/32 BUREAU VS

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onsel	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
6861			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

PLACE OF DEATH

County Montgomery



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Gaithersburg (No	Methodist Home St.: Ward)	(If death occurred in a hospital or institu-
42 4 D. b 4 - Ch i		tion, give its NAME is -

	2FU	LL NAME Alic	e Roberta Shriver	stead of street and number.)
	PERSO	NAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	female	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	March 13. 5932 , 192
	DATE OF BIF	Sept. 5t	(Day) (Year)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from March 6 192 to Mar. 13 1932 192 that I last saw her alive on Mar. 12, 1932 192, and that death occurred on the date stated above, at 8:00 Pm. The CAUSE OF DEATH * was as follows:
00	(b) General n business, or e		none .	Cerebral hemorrhage (Duration) yrs. mos. 77 ds.
9 SL	IO NAME OF FATHER	Thomas W. Sh		Contributory Secondary Hypertention 2 yrs. mos de. (Signed) F. J. Broschert Mar 14 1932 (Address) Grithersburg, Md
PAREN	(State of 12 MAIDEN OF MOTH	r country) NAME HER Ann C. St _ACE		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs mos ds.
14	(Informant	IS TRUE TO THE BEST Methodist Homess Gaithers	10	Where was disease contracted, Hullsborn Va. Former or usual residence

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

CIANS Soou Statement of

M

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servont Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. whatever, write None. business, that fact may be indicated thus; Farmer (Fe state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a yrs. For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-(b) Automobile foctory. The material single word or term on Locomotive engineer, Grocery;

stinal meningitis"; Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); ferer (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accepta-EAST CAUSING DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the Dispneumonia, Bronchopneumonia ("Pneumonia,"

> Witetahus) may be stated under the head of "contributory." American Medical Association.) carbolic acid-probably suicide. The nature of the injury, (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, approved by Committee on Nomenclature of the accident; Revolver wound of head-honicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly "Exhaustion," "Heart failure, Haemorrhage, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary). stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by roilway troin-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not Chronic interstitial rephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The contributory

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STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-2)
county money	Registration Dist. No. 2/2
Village or City for the rule	No. St., Ward
0 -1 - 1 - 1 - 1	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME loky medell by	. 11
(a) Residence: No./ (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Mar. 30 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
7 /	19 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Qays If LESS than	l last saw h elive on death is said
7. AGE Years Months Oays If LESS than 1 dey,hrs.	to heve occurred on the date stated above, at 1, 20 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
word It or min.	were es follows: Date of onset
8. Irede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this occupation (month end of a company) as a specific this company in this	3/3//
10. Oate deceased last worked et this occupation (month end 1925 spent in this year) 12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance: 1920
(Stete or country) montg w md,	_
13. NAME Amity	
13. NAME 14. BIRTHPLACE (city or town)	Neme of operation Oete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ELLE ME CONTROL OF COUNTRY O	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19,
(State or country)	Where did injury occur?
17. INFORMANT Edward Jensons (Address) Probabilis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place martinebury oute apr 1, 1935	Neture of injury
19. UNOERTAKER Proliferal ngd	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILEO. M 01 31, 19 32 & WWhile Registral.	(Signed) & Who M. [(Address) Problem M. [

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist No. (If death occurred in Ward) a hospit d or institution, give its NAME i. stead of street number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE 16 DATE OF DEAT MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH HEREBY CERTIFY, That I attended the deceased from (Month) (Day) 7 AGE If LESS than I day hrs. or ___min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) ENT OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME C 4 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans ients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER of death yrs......ds. State......yrs.........ds. (State or country) Where was disease contracted, it not at place of dea.h?..... THE BEST OF MY WOWLEDGE Former or usual residence. If more branks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of octired 6 yrs). Civil engineer, whatever write None. business, that fact may be indicated thus; Farmed (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Gook, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. For persons who have no occupation (b) Automobile factory. The materia Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery, The ques-HIOIL! en-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: (*crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

"tetenies) may be stated under the head of "contributory." Cambolic acid-probably suicide. The nature of the injury, Recommendations on statement of cause of death as fracture of skull, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid American Medical Association. Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY 'Congenital,' "Senile,' etc.), "Dropsy,",
," "Heart failure," "Haemorrhage," Chronic valvular heort disease and consequences (e.g., sepsis, Example: Measles (disease etc. The contributory Measles; not be under-

Cilit this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the cuts is essential and must be obtained before the certificate is permanently filed.

PR 7 1932

(Approved by U. S. Census and American Fublic Health Association.)

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(secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease "E:haustion," "Heart failure," "Inamorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-Whooping approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic valvular etc. The contributory Nomenclature Always qualify all heart

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BINDIN

FOR

MARGIN RESERVED

S. No.

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and the second of the second o	į.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS BY	PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF	lontgomery		(23)	Buddandon Bus N	216
	near Ches			No. River - Road - St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?	number) nosds
2. FULL NAM	Robert	Thompso	n .		
(a) Residence:	No. nr. Ch		6	St., Ward. If nonresident give city or town end	d State
PERSONA	L AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4	Black	5. SINGLE, MARR OR DIVORCED marrie	(write the word)	21. DATE OF DEATH March 3, (Month) (Day)	_, 1932 (Year)
5a. If married, widowed, HUSBAND of	or divorced				
(or) WIFE of				22. I HEREBY CERTIFY, Thet t attended Mar. 3, 19 32 to Mar. 3,	deceased from
6. DATE OF BIRTH (mo	nth day and year)	Jan. 3.	1893	I last saw h im alive on Mar. 3, 1932	; death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, etm.	
39	1		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:	15
9. Industry or bus	n, or particular c done, as SPtNNER, DOKKEEPER, etc	Laborer		Pulmonary Tuberculosis	3 mos
SAW MILL,	ne, as SILK MILL, BANK, etc				
tills vecupati	ast worked at on (month and		ne (years) tin this pation		
12. BIRTHPLACE (city o	r town)Ma	aryland.		Other Contributory Causes of Importance:	-
1	<u></u>	ge Thomps	aon	Pulmonary Lobar Pneumonia	
13. NAME 14. BIRTHPLACE (c (State or co)	tu or town)	ryland.		Name of operation Date of	
		Milbury		What test confirmed diagnosis? Was there an	
15. MAIOEN NAME 16. BIRTHPLACE (ci (State or co	t., as town	ayland.		23. If death was due to external causes (VtOLENCE) fill In also the following Accident, suicide, or homicide?Oate of injury Where did Injury occur?	0.
	Mr. Henr River B	y Thomps		(Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	te) LACE.
18. BURIAL, CREMATION	, or REMOVAL hington, D	,	,	Manner of Injury	
19. UNDERTAKER(Address)	W. E. Jary	st. D.	C	24. Was disease or injury in any way releted to occupation of deceased?	
20. FILED 3/3/	32,19 Tho	s. K. Co	nrad	(Signed) Thomas K. Comad	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

I

B.—WRITE PLAINLY,

ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

certificate.

WITH UNFADING INK-THIS IS A PERMANEN

AGE should be

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

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BUREAU VS

3/5/32

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7 6 43				
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Gallstones	May 1,1923	Gastroenteritis	1 year	
42				

ould state	1. PLACE O		IE (OF MAR	YLAND—	CERTIFICATE	OF DEATH	03019
/ '-M	County	nontan	carr				Registration Dist. No.	216
iten sh	Village or (Mal	\$ 1	have	(II	No. 3917 - Old death occurred in a hospital or institu	we	St., Ward
	Length of res	idence in city or to	own where	death occurred	yrs,mos	ds. How long in U.S. if o	f foreign blrth?yrs	mos ds
Eve	2. FULL NA	ME Car	nila	- Vals	mga,			
ECORD. Every PHYSICIANS cacf statement	(a) Resider	nce: No. 391	7-	Olivi (Usual place	of abode)	St., Ward.	If nonresident give city or to	own and State
PECC PF xact		AL AND S	TATIST	ICAL PART	ICULARS		ERTIFICATE OF DEA	ATH
C X	Fernale	4. COLOR OR	RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	(Month) 20 TB	, 193 2 (Year)
N E L	5a. If married, widov HUSBAND of	ved, or divorced		6		22. I HEREBY	CERTIEV THIL	Manufad dansarid face
BINDING PERMANEN E X A C T I y classified te.	(or) WIFE of					nearch 20	1932, to March	20 1932
A SXT.	6. DATE OF BIRTH	(month day end	(ear)			I last saw h alive on		19.3.2 death is sai
FOR B. IS A PE stated E properly certificate	7. AGE Yes		Months	Days	If LESS than I day, or hrs. ormin.	to have occurred on the dete state The PRINCIPAL CAUSE OF DEAT were as follows:	d ebove, at 4. 30 / -	ice .
- 70	Z 8. Trade, profe	ssion, or particula	IF	4.		nema	fure.	Date of onset
RESERVED IG INK—THIS IGE should be that it may be ons on back of		work done, as SPI , BODKKEEPER, e		11.0		<u> </u>		
SERVI NK-T should it may n back	9. Industry or work we	business in which is done, as SILK N LL, BANK, atc	IILL,					
INK.	Date decease	ed last worked at		11. Total	time (yeers)		T	
RES VG I	year)	pation (month end	1		ent in this upation		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
4	12, BIRTHPLACE (c	ity or town)	und	Charl		Other Contributory Causes of impo	rtance:	
ARGIN UNFADIN pplied. terms, so instructi	(State or cou		0	mod				
[ARGI UNFA] upplied, terms, e instru	13. NAME	minic	2/4	lenia				
D H T a	13. NAME 14. BIRTHPLACE	(city or town)			, ,	Name of operation	D	ate of
M. FH Uy su lain t	ii (State o	r country)		Sto	ely	What test confirmed diagnosis?		
WITH THE PROPERTY AND T	15. MAIDEN NA	IME Carrie	ile .	Chimen	ti	23. If death was due to external cau	ises (VIOLENCE) fill in also the i	following:
	15. MAIDEN NA	E (city or town)		11	1	Accident, suicide, or homicide?	Date of Injury	, 19
AINLY, d be car DEATH	≥ (State o	r country)		Mal	7	Where did Injury occur?	(C	-10)
ATI Id b DE	17. INFORMANT	1. Va	leny	a		Specify whether injury occurred in	(Specify city or town, county INDUSTRY, In HOME, or In PUE	BLIC PLACE.
Should OF D	(Address)		Plu	· fl,	Chy Cha 10			
1 G3 + 10 G3	18. BURIAL, CREMA	. 1 10	AL	3/	1	Manner of injury		
WRITH mation S CAUSE TION is	Place // Q	Allan Al	0	Date se.	1932	Nature of Injury		
-WRIT mation CAUS	19. UNDERTAKER	11.1	Laur	do 6 (-	24. Was disease or injury in any w	ay releted to occupation of decea	sed?
No.	(Address)	412-18	E. A	west,	7. E. A	If so, specify)	B
7	20. FILED 3.7.	20.4, 19.3.	2 7	house	- Komad- Registrar	(Signed) 7. (Address)	Joo Man.	ave N. W
			If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Re	questing V. S. No. z. Was	28

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BURBAU V. 8				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (3020)
1. PLACE OF DEATH	(131)
County Mondgomery	Registration Dist. No. 2/7
Village or City Cleronntt	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
11' 1 1 11 11.	1 - 0
2. FULL NAME Elizoteth Valbus	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 - 23/ .193 2 . (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Iteman Walbudge	22. I HEREBY CERTIFY, That I attended deceased from
17116/ 1616	1930, to 1932 193
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 Pm.
C 2 3 1 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Marmia 3/15/32
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
Sackhot"	Other Coutributory Causes of Importance:
(State or country)	College of January 1. 1. 1926
13. NAME Herry B. Walkings.	many on Time
13. NAME Horny B. Hallings. 14. BIRTHPLACE (city or town) Socials Bay Recy. (State or country) Oct 19 18 3 Flet 25 1, 27 5	Name of operation Date of
(State or country) 0ct 19 1839 424 25 1878	What test confirmed diagnosis? Playo - Tylan Was there an autopsy? 2
15. MAIDEN NAME / Jelen M. Thase.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME / Less M. Thask. 16. BIRTHPLACE (city or town) 1 Ceesce M. H. Oeezg 1817	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT S. Co. Beiggo.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. —
(Address) Slenmont my	
18. BURIAL, CREMATION, OR REMOVAL Place Tarah 2 6 1932.	Manner of injury
rious fitte ning was all vale squares o., 15 2.	Naturo of injury
19. UNDERTAKER Altroits Conjumplicity (Address)	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Mar 25, 19 32. CS 3 arnsley Registrar.	(Signed) telo · dumbles M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	·-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
URTE ZA	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

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AD	DITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BI	PHISICIAN

BINDING

FOR

RESERVED

MARGIN



[Approved by U. S Census and American Public Health Association.]

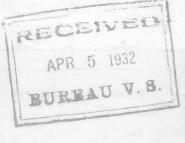
occupation is very important so that the relative on the first line will be sufficient, e. g., Farmer or The question applies to every person, irrespectve of "Foreman," "Manager," "Dealer," etc., without more of the second statement. As examples: (a) Spinner, (b) Cotton Mill; (a) and therefore an additional line is provided for the and also (b) the nature of the business or industry, ments, it is necessary to know (a) the kind of work engineer, For persons who have no occupation whatever, write fact may be indicated thus: Farmer (retired 6 yrs.) at beginning of illness. count of the disease causing death, state occupation the occupation has been changed or given up on acvice for wages, as Scrvant, Cook. Housemaid. etc. the occupations of persons engaged in domestic serchildren, not gainfully employed, as At school or At entered as Housewife, Housework, or At Home, and Housekeepers who receive a definite salary), may be engaged in the duties of the household only (not paid precise specification as Day laborer, Farm laborer, bile factory. Salesman, (b) Grocery; (a) Foreman, (b) Automolatter statement; it should be used only when needed. But in many cases, especially in industrial employ-Planter, Physician, Compositor, Architect, Locomotive Statement of occupation-Precise statement For many occupations a single word or term Care should be taken to report specifically -Coal minc, etc. Civil engineer, The material worked on may form part of various pursuits can be known If retired from business, that Women at home, who are Stationary fireman, etc. Never return "Laborer,"

Statement of cause of death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhod pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Car

such, if impossible to determine definitely. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping Cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcinoma, Sarcoma, etc., of(name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaegenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." g., sepis, tetanus) my be stated under the head of injury, as fracture of the skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence.

All the data is essential and must be obtained before the certificate is permanently filed.



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S. No.	B	The state of the s
Α.	z T)

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13024
County Mont	Registration Dist. No. 2/1
Village or City Olney (II	No Man to Sease Ja — St., Wa f death occurred in a horpital or institution, give its NAME /nylead of street and number)
	sds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Margaret Welliams (a) Residence: No. Beltselle (Usual place of abode)	St., Ward. C. Geo-Eo If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DEWORKED (write the word)	21. DATE OF DEATH Month (Month) (Day) (Year)
a. If Married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased fr
willans	mar 16 - , 1932 to mar 31 , 193
DATE OF BIRTH (month, day, and year) June 1 - 1867	I last saw h. A alive on Mary 31, 1937, death is s
AGE Years Months Days If LESS than I dey,	to have occurred on the date stated above, at
65 10 - Idey, min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Frost bete of feet ligo & Futtock mars
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (months and	
SAW MILL, BANK, etc	
this occupation (month and Jan 1934 spent in this occupation & O	,
De la la	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	Sephicaemia marz
P. L. L.	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME WKNOWN	What test confirmed diagnosis?
1.4.1.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Q 1 R - 10	Where did injury occur? (Specify city or town, county and State)
(Address) Gerann mill	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place haursailmed _ Date 4-3 - 1933	Nature of injury
O. UNDERTAKER & Basch Sons (Address) / Sugattan 1/2 mil	24. Was disease or injury In any way releted to occupation of deceased?
must find the first the fi	(Signed) CCS imbleson M

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Cerebral hemorrhage	APR 5 1432	July 5,1927	Peritonitis	3 days ago	
	Names VIII				
Other contributory of	auses of importance:	1	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenterilis	1 year	

PLACE OF DEATH classified Village or City / WaWard) EXA number.) stated PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE | 5 SINGLE, 3 SEX 16 DATE OF DEATH MARRIED. may be BINDING WIDOWED. OR DIVORCED (Write the word) ould 6 DATE OF BIRTH instructions that (Month) (Day) 7 AGE If LESS than 0 00 supplied. I day hrs. The CAUSE OF DEATH * was as follows: 2)de. or min.? RESERVED BOCCUPATION In te (a) Trade, profession or particular kind of work UNFADING INK in pia important. (b) General nature of industry business, or establishment in ..(Duration) which employed or (employer) be care Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) ould OF DI 10 NAME OF FATHER 0 2 (Address) Seule 9 11 BIRTHPLACE RENTS CAUSE *State the Disease Causing Death, for, An OF FATHER (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 4 OF MOTHER tate SUP/ ients or Recent Residents) d state 13 BIRTHPLACE At place of death.... In the OF MOTHERyrs.......ds. (State or Country) Where was disease contracted, if not at place of death?.... CIANS SHO Former or usual residence BURIAL OR REMOVAL 20 UNDERTAKE

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in

a hospital or institu-tion, give its NAME in-stead of street and

MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at 2

Violent Causes, state (1) Means of Injury and (2) Whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

State_____ds.

DATE OF BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Codia, Housemaid, etc. If the occupation has been changed ployed as At school, or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Househou ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

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5

permanently filed.

answered in detail, it will prevent further correspondence. All the

as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death approved by Committee on Nomenclature of the Tetanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Hacmorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be If this certificate is looked over thoroughly and all qu stions Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic etc. The contributory valvular heart disease; Always qualify all Measles,

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DE should Registration Dist. No. Village or Cit No. (If death occurred in a hospital or institution, give its NAME instead of street and number) O Length of residence in city or town where death occurred How long in U.S. il of foreign birth? _____yrs. ____mos. ____ ds. statement FCORD. (a) Residence: No Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) una (Month) (Year) Sa. If married, widowed, or divorced BINDIN HUSBAND of ERTIFY. That I attended deceased from 22. C (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Months If LESS than Days 1 dey .. Tain Date of onset 8. Trede, profession, or perticular OCCUPATION RESERVED be kind of work done, as SPINNER jo SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which work was done, as SILK MILL, pluods may SAW MILL, BANK, etc .. 10. Date deceased last worked et 11. Total time (yeers) spent in this 20 this occupation (month and, occupation. instructions 12, BIRTHPLACE (city or town MARGIN (State or country) FATHER 13. NAME LINES 14. BIRTHPLACE (City or town (State or country) What test confirmed diagnosis?..... Was there an autopsy?. carefully d MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should (Address) OF 18. BURIAL CREMATION. Manner of injury WRITE CAUSE mation LION Neture of Injury 24. Was disease or injury in any 19. UNDERTAKER (Address) II so, specify (Signed) 20. FILED Mar 14. 19 3 eal Registrar (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory eauses of importance: Gastroenteritis	1	
Cunstottes	May 1,1925	Guongenerus	1 year	

THE STATE OF THE S	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND CERTIFICATE OF DEATH

92-0

Registration Dist. No. 7- 16

7	St:: Ward) A Woodfield	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE O	F DEATH
	16 DATE OF DEATH Murch	6, 1932
	(Month)	(Day) (Year)
	that I last saw h alive on	nded the deceased from
	and that death occurred on the date stated a	above, atm,
	The CAUSE OF DEATH * was as follows:	•
	Gershal guilot	isn
The second secon	Contributory Ar . Ludo	carditis
	(Signed) Quation Quantion Quan	es seed M. D.
	*State the Piscase Causing Death, Violent Causes, stata (1) Means of Inju- Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
	18 LINGTH OF RESIDENCE (For Hospitalients or Recent Residents)	als, Institutions, Irans-
	At place in the	yrsds.
	Where was disease contracted,	
	Former or usual residence	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planler, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octircd 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Collon mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, or Al Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, st_ted unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. ". Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee in as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic affection need not be etc. The contributory valvular heart Nomenclature of the Always qualify all Measles ; disease;

American Medical Association.

If this certificate is locked over thoroughly and all questions answered in detail it will prevent further correspondence. All the data is esceptial and must be obtained before the certificate is

must Sled

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stitting the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUEYAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	